


FILE NOW: FILING FEE IS \$61.25

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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N09306** (4)
1. Corporation Name
TIFFANY WOODS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 2180 W SR 434, SUITE 5000 LONGWOOD FL 32779	Mailing Address 2180 W SR 434, SUITE 5000 LONGWOOD FL 32779
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3. Date Incorporated or Qualified 05/15/1985	
4. FEI Number 59-2963985	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**HART, JAMES W., JR.
2180 W SR 434, SUITE 5000 --- 2180 W SR 434, STE 5000
LONGWOOD, 32779**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	SOLLACCIO, JOE	1.2 NAME	KUBALA, JIM
STREET ADDRESS	4848 TIFFANY WOODS CIR	1.3 STREET ADDRESS	4610 TIFFANY WOODS CIR
CITY-ST-ZIP	OVIEDO FL	1.4 CITY-ST-ZIP	OVIEDO FL 32765
TITLE	TD	2.1 TITLE	VD
NAME	CHEATHAM, GRADY	2.2 NAME	BERG, ROLAND
STREET ADDRESS	4844 TIFFANY WOODS CIR.	2.3 STREET ADDRESS	1710 MIRA CT
CITY-ST-ZIP	OVIEDO FL	2.4 CITY-ST-ZIP	OVIEDO FL 32765
TITLE	VD	3.1 TITLE	SD
NAME	HOLT, GREG	3.2 NAME	PACE, JOHN
STREET ADDRESS	4650 TIFFANY WOODS CIR	3.3 STREET ADDRESS	4662 TIFFANY WOODS CIR
CITY-ST-ZIP	OVIEDO FL	3.4 CITY-ST-ZIP	OVIEDO FL 32765
TITLE		4.1 TITLE	TD
NAME		4.2 NAME	SEDLAK, SANDRA
STREET ADDRESS		4.3 STREET ADDRESS	4649 TIFFANY WOODS CIR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	OVIEDO FL 32765
TITLE		5.1 TITLE	D
NAME		5.2 NAME	LIBBY, ALICE
STREET ADDRESS		5.3 STREET ADDRESS	4620 TIFFANY WOODS CIR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	OVIEDO FL 32765
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  JIM KUBALA

3-25-98

CR2E037 (10/97)