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**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N09306**

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/15/1985

4. FEI Number

59-2963985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HART, JAMES W., JR.  
2180 W SR 434, SUITE 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

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME KUBABL, JIM  
STREET ADDRESS 4610 TIFFANY WOODS CIR  
CITY-ST-ZIP OVIEDO FL 32765

TITLE VD ☐ DELETE  
NAME BERG, RONALD  
STREET ADDRESS 1710 MIRA CT  
CITY-ST-ZIP OVEIDO FL 32765

TITLE SD ☐ DELETE  
NAME PACE, JOHN  
STREET ADDRESS 4662 TIFFANY WOODS CIR  
CITY-ST-ZIP OVIEDO FL 32765

TITLE TD ☒ DELETE  
NAME SEDLAK, SANDRA  
STREET ADDRESS 4649 TIFFANY WOODS CIR  
CITY-ST-ZIP OVIEDO FL 32765

TITLE D ☒ DELETE  
NAME LIBBY, ALICE  
STREET ADDRESS 4620 TIFFANY WOODS CIR  
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME ANDRE, GREGORY  
1.3 STREET ADDRESS 4626 TIFFANY WOODS CT  
1.4 CITY-ST-ZIP OVIEDO FL 32765

2.1 TITLE STD ☐ Change ☒ Addition  
2.2 NAME UNDERWOOD, SHEILA  
2.3 STREET ADDRESS 1711 MIRA CT  
2.4 CITY-ST-ZIP OVIEDO FL 32765

3.1 TITLE D ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition  
4.2 NAME BEASLEY, SHEILA  
4.3 STREET ADDRESS 4624 TIFFANY WOODS CT  
4.4 CITY-ST-ZIP OVIEDO FL 32765

5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME BUONO, ROBERT  
5.3 STREET ADDRESS 4665 TIFFANY WOODS  
5.4 CITY-ST-ZIP OVIEDO FL 32765

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ronald Berg*  
2/26/99 407-365-747

CR2E037 (1/98)