

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90099 038 \*\*\*\*61.25

0080672

**DOCUMENT # N09306**

1. Entity 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**

**U0031714**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2963985**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, JAMES W., JR.  
 2180 W SR 434, SUITE 5000  
 LONGWOOD FL 32779**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 ANDRE, GREGORY  
 4626 TIFFANY WOODS CT  
 OVIEDO FL 32765** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VD  
 TILLMAN, SUSAN  
 4612 TIFFANY WOODS CIR  
 OVIEDO FL 32765** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SD  
 LOCKLEY, LINDA  
 4679 TIFFANY WOODS CIRCLE  
 OVIEDO FL 32765** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SD  
 CHEATHAM, GRETA  
 4644 TIFFANY WOODS CIR  
 OVIEDO, FL 32765** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SD  
 LOCKLEY, LINDA  
 4679 TIFFANY WOODS CIRCLE  
 OVIEDO FL 32765** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 ECKLUND, CARL  
 4664 TIFFANY WOODS CIR  
 OVIEDO, FL 32765** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD  
 BAUTISTA, RODOLFO  
 4661 TIFFANY WOODS CIRCLE  
 OVIEDO FL 32765** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 STODDARD, MIKE  
 4608 TIFFANY WOODS CIR  
 OVIEDO, FL 32765** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD  
 BUONO, ROBERT  
 4665 TIFFANY WOODS  
 OVIEDO FL 32765** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED** *President T. W. H. O. A.*

2115101

(407) 678-9532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)