

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09306

1. Entity Name

TIFFANY WOODS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 W SR 434, SUITE 5000
LONGWOOD FL 32779

2180 W SR 434, SUITE 5000
LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2963985

Applied For

Not Applicable

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	DELETE
D	ANDRE, GREGORY	4626 TIFFANY WOODS CT	OVIEDO FL 32765	<input type="checkbox"/>
SD	CHEATHAM, GRETA	4644 TIFFANY WOODS CIRCLE	OVIEDO FL 32765	<input checked="" type="checkbox"/>
D	ECKLUND, CARL	4664 TIFFANY WOODS CIRCLE	OVIEDO FL 32765	<input type="checkbox"/>
TD	BAUTISTA, RODOLFO	4661 TIFFANY WOODS CIRCLE	OVIEDO FL 32765	<input checked="" type="checkbox"/>
PD	BUONO, ROBERT	4665 TIFFANY WOODS	OVIEDO FL 32765	<input type="checkbox"/>
VD	TILLMAN, SUSAN	4612 TIFFANY WOODS CIR	OVIEDO FL 32765	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	STODDARD, MIKE	4608 TIFFANY WOODS CIR	OVIEDO FL 32765	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/02 1407 757-6116