

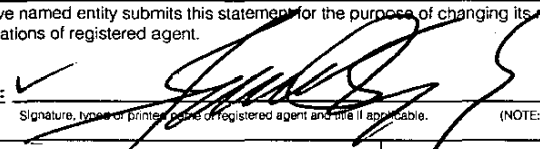
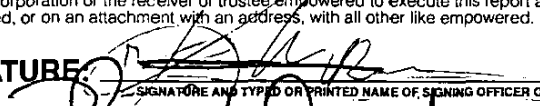


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90067 002 ****61.25

DOCUMENT # N09306 1. Entity Name TIFFANY WOODS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O PENN FIRST BOYLE MGMT 498 PALM SPRINGS DR., #235 ALTAMONTE SPRINGS, FL 32701				Mailing Address C/O PENN FIRST BOYLE MGMT 498 PALM SPRINGS DR., #235 ALTAMONTE SPRINGS, FL 32701	
2. Principal Place of Business 90 Boyle Management Services		3. Mailing Address 90 Boyle Management Services			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-2963985	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENN FIRST BOYLE MGMT. 498 PALM SPRINGS DR. #235 ALTAMONTE SPRINGS, FL 32701				7. Name and Address of New Registered Agent Name: Boyle Management Services Inc. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		JAMES Boyle <small>(NOTE: Registered Agent signature required when reinstating)</small>		7/15/05 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD UNDERWOOD, GARY 1711 MIRA CT OVIEDO, FL 32765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARKS, JUDY 4666 TIFFANY WOODS CIRCLE OVIEDO, FL 32765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, COLLEEN 4666 TIFFANY WOODS CIRCLE OVIEDO, FL 32765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BEACH, KEVIN 4623 TIFFANY WOODS CIRCLE OVIEDO, FL 32765	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLAIR WALTERS 4665 Tiffany Wood Cir. OVIEDO, FL 32765 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONWAY, CHANNING 4669 TIFFANY WOODS CIR OVIEDO, FL 32765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, TODD 4669 TIFFANY WOODS CIR OVIEDO, FL 32765	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JENNIFER HERTL 4610 Tiffany Woods Cir. OVIEDO, FL 32765 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption state 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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			PRES. 4/12/05 407-657-0017 1/10/05 407-657-9535 <small>Date Daytime Phone #</small>		