

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90329 015 \*\*\*\*61.25

**DOCUMENT # N09306**

1. Entity Name  
TIFFANY WOODS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
C/O BOYLE MANAGEMENT SVCS  
498 PALM SPRINGS DR., #235  
ALTAMONTE SPRINGS, FL 32701

Mailing Address  
C/O BOYLE MANAGEMENT SVCS  
498 PALM SPRINGS DR., #235  
ALTAMONTE SPRINGS, FL 32701

**50010362**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242006

Chg-NP

CR2E037 (11/05)

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

PENN FIRST BOYLE MGMT.  
BOYLE MANAGEMENT SVCS  
498 PALM SPRINGS DR #235  
ALTAMONTE SPRINGS, FL 32701

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 D ☐ Delete  
NAME UNDERWOOD, GARY  
STREET ADDRESS 1711 MIRA CT  
CITY-ST-ZIP OVIEDO, FL 32765

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

TITLE D ☒ Delete  
NAME STARKS, JUDY  
STREET ADDRESS 4666 TIFFANY WOODS CIRCLE  
CITY-ST-ZIP OVIEDO, FL 32765

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

TITLE VP ☐ Delete  
NAME BROWN, COLLEEN  
STREET ADDRESS 4666 TIFFANY WOODS CIRCLE  
CITY-ST-ZIP OVIEDO, FL 32765

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

TITLE P ☐ Delete  
NAME WALTERS, BLAIR  
STREET ADDRESS 4665 TIFFANY WOOD CIR  
CITY-ST-ZIP OVIEDO, FL 32765

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

TITLE D ☐ Delete  
NAME CONWAY, CHANNING  
STREET ADDRESS 4669 TIFFANY WOODS CIR  
CITY-ST-ZIP OVIEDO, FL 32765

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

TITLE ST ☐ Delete  
NAME HERTL, JENNIFER  
STREET ADDRESS 4610 TIFFANY WOODS CIR  
CITY-ST-ZIP OVIEDO, FL 32765

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

*Linck W. Hunt*

4/5/06

407-928-6305