

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09306

FILED
Mar 23, 2009
Secretary of State

Entity Name: TIFFANY WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1511 EAST SR 434, STE 3001
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

1511 EAST SR 434, STE 3001
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 59-2963985 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINNACLE PROPERTY MANAGEMENT, LLC
1511 EAST SR 434, STE 3001
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: UNDERWOOD, GARY
Address: 1711 MIRA COURT
City-St-Zip: OVIEDO, FL 32765

Title: DVP () Delete
Name: HOLLAND, KATHIE
Address: 1703 MIRA COURT
City-St-Zip: OVIEDO, FL 32765

Title: DS () Delete
Name: STARNES, CATHY
Address: 4677 TIFFANY WOOD CIR
City-St-Zip: OVIEDO, FL 32765

Title: DT () Delete
Name: LOCKEY, LINDA
Address: 4679 TIFFANY WOODS CIR
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: BERG, ROLAND
Address: 1710 MIRA COURT
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: PENN, BOB
Address: 3318 OLDE WHARF RUN
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FIELDS, PAMELA
Address: 4609 TIFFANY WOODS CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY UNDERWOOD

Electronic Signature of Signing Officer or Director

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03/23/2009

_____ Date