

# 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

P

03/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date