

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09306

FILED  
Apr 12, 2010  
Secretary of State

**Entity Name:** TIFFANY WOODS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1511 EAST SR 434  
SUITE 3001  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

860 N. ORANGE AVE.  
SUITE B  
ORLANDO, FL 32801

**Current Mailing Address:**

1511 EAST SR 434  
SUITE 3001  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

860 N. ORANGE AVE.  
SUITE B  
ORLANDO, FL 32801

**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  
1511 EAST SR 434  
SUITE 3001  
WINTER SPRINGS, FL 32708 US

**Name and Address of New Registered Agent:**

KAREN WONSETLER PA ESQ  
860 N. ORANGE AVE.  
SUITE 135  
ORLANDO, FL 32801 US

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: KAREN WONSETLER

04/12/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: UNDERWOOD, GARY  
Address: 860 N. ORANGE AVE SUITE B  
City-St-Zip: ORLANDO, FL 32801

Title: DVP  
Name: HOLLAND, KATHIE  
Address: 860 N ORANGE AVE SUITE B  
City-St-Zip: ORLANDO, FL 32801

Title: DS  
Name: STARNES, CATHY  
Address: 860 N. ORANGE AVE SUITE B  
City-St-Zip: ORLANDO, FL 32801

Title: DT  
Name: BUDDENHAGEN, MELISSA  
Address: 860 N. ORANGE AVE SUITE B  
City-St-Zip: ORLANDO, FL 32801

Title: D  
Name: FIELDS, PAM L  
Address: 860 N ORANGE AVE SUITE B  
City-St-Zip: ORLANDO, FL 32801

Title: D  
Name: PENN, ROBERT  
Address: 860 N ORANGE AVE SUITE B  
City-St-Zip: ORLANDO, FL 32801

I hereby 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 all other like empowered.

SIGNATURE: GARY UNDERWOOD

PD

04/12/2010

Electronic Signature of Signing Officer or Director

Date