

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09306

FILED  
Feb 14, 2012  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

1488 SEMINOLA BLVD  
CASSELBERRY, FL 32707

**Current Mailing Address:**

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

**New Mailing Address:**

C/O FLARENT INC 1488 SEMINOLA BVD  
CASSELBERRY, FL 32707

**FEI Number:** 59-2963985

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

FLARENT INC.  
1488 SEMINOLA BLVD  
CASSELBERRY, FL 32707 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: JESSICA HALL SPEAK

02/14/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: UNDERWOOD, GARY  
Address: 1488 SEMINOLA BLVD  
City-St-Zip: CASSELBERRY, FL 32707

Title: DVP  
Name: HOLLAND, KATHIE  
Address: 1488 SEMINOLA BLVD  
City-St-Zip: CASSELBERRY, FL 32707

Title: DS  
Name: STARNES, CATHY  
Address: 1488 SEMINOLA BLVD  
City-St-Zip: CASSELBERRY, FL 32707

Title: DT  
Name: BUDDENHAGEN, MELISSA  
Address: 1488 SEMINOLA BLVD  
City-St-Zip: CASSELBERRY, FL 32707

Title: D  
Name: CASCIO, JERLINE  
Address: 1488 SEMINOLA BLVD  
City-St-Zip: CASSELBERRY, FL 32707

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

02/14/2012

Electronic Signature of Signing Officer or Director

Date