## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000002069

FILED Apr 16, 2009 Secretary of State

Entity Name: TIFFANIE HEIGHTS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: 1250 SEMINOLE BLVD BUITE 1 LARGO, FL 33770			New Prince	New Principal Place of Business: 12668 ROBYN COURT LARGO, FL 33773		
Current Mailing Address:			New Maili	New Mailing Address:		
1250 SEMINOLE BLVD SUITE 1 LARGO, FL 33770				12668 ROBYN COURT LARGO, FL 33773		
El Number	: 59-3439335	FEI Number Applied For ( )	FEI Number Not App	olicable ( ) Certificate of Status Desired ( )		
Name and	d Address of	Current Registered Agent:	Name and	d Address of New Registered Agent:		
12668 ROI _ARGO, F The above n the State	EL 33773 U named entity of Florida.		urpose of changing i	its registered office or registered agent, or both		
SIGNATURE: Electronic Signature of Registered Agent				Date		
OFFICER:	S AND DIREC	5 5		NS/CHANGES TO OFFICERS AND DIRECTO		
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip:	FASCOE, BOE 12635 ROBYN LARGO, FL 33	I CT 3773 ) Delete COTT I COURT	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition  VP (X) Change ( ) Addition  HAMMOND, SCOTT C 12668 ROBYN COURT  LARGO, FL 33773		
Fitle: Name: Naddress: Dity-St-Zip: Fitle: Name: Naddress:	HAMMOND, LI 12668 ROBYN LARGO, FL 3: D ( WINIECKI, JO 12619 ROBYN	I COURT 3773 ) Delete HN I CT	Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition		
City-St-Zip: Fitle: Name: Address: City-St-Zip:	LARGO, FL 3: D (X NOWELL, SYL 12651 ROBYN LARGO, FL 3:	() Delete VIA I CT	City-St-Zip: Title: Name: Address: City-St-Zip:	()Change()Addition		

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: SCOTT C HAMMOND VP 04/16/2009