

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09306

Entity Name: TIFFANY WOODS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1488 SEMINOLA BLVD
CASSELBERRY, FL 32707**Current Mailing Address:**C/O FLARENT INC 1488 SEMINOLA BVD
CASSELBERRY, FL 32707**FEI Number:** 59-2963985**Certificate of Status Desired:** No**Name and Address of Current 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title PRESIDENT
Name MEHTA, UDGIT
Address C/O FLARENT, INC
1488 SEMINOLA BLVD
City-State-Zip: CASSELBERRY FL 32707

Title DIRECTOR
Name ORTEGA, ALBERTO
Address C/O FLARENT, INC
1488 SEMINOLA BLVD
City-State-Zip: CASSELBERRY FL 32707

Title DIRECTOR
Name ERBE, STEVE
Address 1488 SEMINOLA BLVD
City-State-Zip: CASSELBERRY FL 32707

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

Title TREASURER
Name AMENTO, NATALIE
Address C/O FLARENT, INC
1488 SEMINOLA BLVD
City-State-Zip: CASSELBERRY FL 32707

Title DIRECTOR
Name NKERE, ANUARITE LB
Address 1488 SEMINOLA BLVD
City-State-Zip: CASSELBERRY FL 32707

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: UDGIT MEHTA**PRESIDENT****04/07/2021**

Electronic Signature of Signing Officer/Director Detail

Date