

2020 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	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

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: CATHY STARNES

SD

05/15/2020

Electronic Signature of Signing Officer/Director Detail_____
Date