

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711043 (0)

1. Corporation Name

TIFFANY GARDENS WEST, INC., A CONDOMINIUM



Principal Place of Business

Mailing Address

1600 NORTH OCEAN BOULEVARD
POMPANO BEACH FL 33062

C/O INTEGRITY PROP MGT
P O BOX 8726
CORAL SPRINGS FL 33065
US

3. Date Incorporated or Qualified 06/15/1966
3a. Date of Last Report 06/28/1995

2. Principal Place of Business

2a. Mailing Address

21 INTEGRITY PROP MGMT.

26

4. FEI Number 59-1402518
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3200 UNIVERSITY DR #210

27

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

City & State

City & State

23 CORAL SPRINGS, FLA.

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

Zip

Country

Zip

Country

24 33065

25

BROWARD

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAULEY, ROBERT
1600 N OCEAN BLVD
APT 811W
POMPANO BEACH FL 33062

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	PAULEY, ROBERT	
STREET ADDRESS	1600 N. OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DEPASQUALE, JOSEPH	
STREET ADDRESS	1600 N. OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORROW, ARTHUR R	
STREET ADDRESS	1600 N. OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VD LOUGHRAN, JANE	<input type="checkbox"/> DELETE
NAME	JAHRAUS, RICHARD	
STREET ADDRESS	1600 N. OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	AVD HOGAN, WILLIAM	<input type="checkbox"/> DELETE
NAME	FEENEY, PATRICIA M	
STREET ADDRESS	1600 N. OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LOUGHRAN, JANE
4.3 STREET ADDRESS	1600 N. OCEAN BLVD #811
4.4 CITY-ST-ZIP	POMPANO BEACH FL
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HOGAN, WILLIAM
5.3 STREET ADDRESS	1600 N. OCEAN BLVD #1013
5.4 CITY-ST-ZIP	POMPANO BEACH, FL.
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Arthur R. Morrow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/96

954-346-0677

Daytime Phone #

CR2E037 (12/95)