## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

(0)

1. Corporatio	NY GARDENS WEST, INC.,	` '				
Principal Plac	ee of Business	Mailing Address			L LADYLY NORZE INDRI NIŽIN ODNIN DYBOD LITY DLDYL BLENI BJENI DIBVI DLBVI DL	Jil FOOT
INTEGRITY PROPERTY MANAGEMENT 3200 UNIVERSITY DRIVE #210 CORAL SPRINGS FL 33065		C/O INTEGRITY PROP MGT P O BOX 8726 CORAL SPRINGS FL 33075-8726				<del></del>
US		US			3. Date Incorporated or Qualified 3a. Date of Last Repor 05/01/1996	rt 
Principal Place of Business     1		2a. Mailing Address 26			4. FEI Number Applied Not Ap	d For oplicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	
City & State		City & State			6. Election Campaign Financing \$5.00 May	
Zip Country		Zip Country		y	Trust Fund Contribution Added to Fe  8. This corporation has liability for intangible tax under s. 199	
24	25	29 30		•	Florida Statutes Yes No	7.03E,
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Agent	
			81	Name		
PAULEY, ROBERT 1600 N OCEAN BLVD			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)	
APT 811			83			
	NO BEACH FL 33062		84	City	FL 85 Zip Code	е
11. Pursuant office or r	to the provisions of Sections 617.050	02 and 617.1508, Florida Statu of Florida. Such change was	tes, the above	/e-named co v the corpor	orporation submits this statement for the purpose of changing its regration's board of directors. I hereby accept the appointment as regis	gistered stered
	m familiar with, and accept the oblig	ations of, Section 617.0503, Fi	lorida Statute	ś.		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NO	TE: Registered Ap	ent signature req	quired when reinstating) DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	SD DAILLEY DODEDT	☐ DELETE	1.1 TITLE		Change	Addition
NAME Street Address	PAULEY, ROBERT 1600 N. OCEAN BLVD		1.2 NAME 1.3 STREET ADDRESS			ĺ
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP			\
TITLE	TD	DELETE	21 TITLE		☐ Change	Addition
NAME	DEPASQUALE, JOSEPH		2.2 NAME			
STREET ADDRESS	1600 N. OCEAN BLVD		2.3 STREET ADDRESS			}
CITY-ST-ZIP	POMPANO BEACH FL	DELETE	2. 4 CITY-	ST-ZIP	T Ottomas	r Amare
TITLE NAME	PD Morrow, Arthur R	["] Orreit	3.1 THILE 3.2 NAME	ļ	Change	Addition
STREET ADDRESS	1600 N. OCEAN BLVD			1 ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		3.4. CITY+			-
TITLE	VD	☐ DELE1E	4.1 TITLE		Change	Addition
NAME	LOUGHRAN, JANE		4. 2 NAME			
STREET ADDRESS	1600 N. OCEAN BLVD		4.3 STREE	I ADDRESS		(
CITY-ST-ZIP	POMPANO BEACH FL	[ ] brieff	4.4 CITY - ST - ZIP			1 4 4 3 20
TITLE	HOGAN WILLIAM	☐ DELETE	5.1 TITLE 5.2 NAME		Change	Addition
NAME Street Address	HOGAN, WILLIAM 1600 N. OCEAN BLVD		5.2 NAME 5.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANÓ BEACH FL		5.4 City-1	1		j
TITLE		☐ DEL€TE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			ļ
STREET ADDRESS			6.3 STREET ADDRESS			ł
City-St-ZIP	ny partific that the information a	d with this filing data and	6.4 CITY - S		od in Castion 110 07/2/// Florida Clatura I forther and the district	
informatio	n indicated on this annual report or s	supplemental annual report is t	true and acc	urate and tha	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the at my signature shall have the same legal effect as if made under o ort as required by Chapter 617, Florida Statutes; and that my name	ath; that

Apr 14 1997 8:00am

Secretary of State