

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 31 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 711043 (0)**

1. Corporation Name  
**TIFFANY GARDENS WEST, INC., A CONDOMINIUM**



Principal Place of Business		Mailing Address	
INTEGRITY PROPERTY MANAGEMENT 3200 UNIVERSITY DRIVE #210 CORAL SPRINGS FL 33065 US		C/O INTEGRITY PROP MGT P O BOX 8726 CORAL SPRINGS FL 33065 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	29
		25	30

3. Date Incorporated or Qualified  
**06/15/1966**

4. FEI Number  
**59-1402518**

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PAULEY, ROBERT	
STREET ADDRESS	1600 N. OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	TD	<input checked="" 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	<input type="checkbox"/> DELETE
NAME	LOUGHRAN, JANE	
STREET ADDRESS	1600 N. OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	AVD	<input checked="" type="checkbox"/> DELETE
NAME	HOGAN, WILLIAM	
STREET ADDRESS	1600 N. OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Pete Perita	
1.3 STREET ADDRESS	1630 N. Ocean Blvd.	
1.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bill Anderson	
2.3 STREET ADDRESS	1630 N. Ocean Blvd.	
2.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	1630	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	1630	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Joe Burns	
5.3 STREET ADDRESS	1630 N. Ocean Blvd	
5.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 3/26/98 (954) 346-0677

CR2E037 (1097)