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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711043

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

Principal Place of Business
INTEGRITY PROPERTY MANAGEMENT
3200 UNIVERSITY DRIVE #210
CORAL SPRINGS FL 33065
US

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



2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 Zip Country
30 Zip Country

3. Date Incorporated or Qualified
06/15/1966

4. FEI Number
59-1402518
Applied For Not Applicable

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

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

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 Cynthia G Whittle
82 Street Address (P.O. Box Number is Not Acceptable) 3200 UNIVERSITY DR # 210
83 CORAL SPRINGS
84 City
85 Zip Code FL 33065

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 617.0504, Florida Statutes.

SIGNATURE *Cynthia G Whittle* DATE 4/29/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PERITA, PETE	
STREET ADDRESS	1630 N. OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANDERSON, BILL	
STREET ADDRESS	1630 N. OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORROW, ARTHUR R	
STREET ADDRESS	1630 N. OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LOUGHRAN, JANE	
STREET ADDRESS	1630 N. OCEAN BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, JOE	
STREET ADDRESS	1630 N. OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dick Jahraus
5.3 STREET ADDRESS	1630 N. Ocean Blvd
5.4 CITY-ST-ZIP	Pompano Beach, Fla
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, with all other like empowered.

SIGNATURE: *Signed by [unclear]* 3- 0-99 954-346-0677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)