

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

DOCUMENT # 711043

05-31-2000 90004 045 ****61.25

1. Entity Name

TIFFANY GARDENS WEST, INC., A CONDOMINIUM

Principal Place of Business

Mailing Address

INTEGRITY PROPERTY MANAGEMENT
~~9200 UNIVERSITY DRIVE #210~~
CORAL SPRINGS FL 33065
US

C/O INTEGRITY PROP MGT
P O BOX 8726
CORAL SPRINGS FL 33075-8726
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITTLE, CYNTHIA G
~~3200 UNIVERSITY DR 210~~
CORAL SPRINGS FL 33065

Name: **Cynthia G. Whittle**
 Street Address (P.O. Box Number is Not Acceptable): **1630 N. Ocean Blvd**
 City: **Coral Springs** FL Zip Code: **33071**

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" 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 type="checkbox"/> Delete
NAME	JAHRAUS, DICK	
STREET ADDRESS	1630 N OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony Pritz	
STREET ADDRESS	1630 N. Ocean Blvd	
CITY-ST-ZIP	Pompano Beach	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00
 Date

954-346-0671
 Daytime Phone #

CR2E037 (9/99)