

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90697 034 \*\*\*\*61.25

**DOCUMENT # 711043**

1. Entity Name

**TIFFANY GARDENS WEST, INC., A CONDOMINIUM**

Principal Place of Business

Mailing Address

**INTEGRITY PROPERTY MANAGEMENT  
 953 UNIVERSITY DR  
 CORAL SPRINGS FL 33071  
 US**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1402518**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITTLE, CYNTHIA G  
 953 N UNIVERSITY DRIVE  
 CORAL SPRINGS FL 33071**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSON, BILL</b>	
STREET ADDRESS	<b>1630 N. OCEAN BLVD</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MORROW, ARTHUR R</b>	
STREET ADDRESS	<b>1630 N. OCEAN BLVD</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LOUGHRAN, JANE</b>	
STREET ADDRESS	<b>1630 N. OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>JAHRAUS, DICK</b>	
STREET ADDRESS	<b>1630 N OCEAN BLVD</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Emerald Snow</b>	
STREET ADDRESS	<b>1630 N. Ocean Blvd #814</b>	
CITY-ST-ZIP	<b>Pompano Beach, FL, 33062</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Aristo Tontodonati</b>	
STREET ADDRESS	<b>1630 N. Ocean Blvd #513</b>	
CITY-ST-ZIP	<b>Pompano Beach, FL, 33062</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TONY PRITZ</b>	
STREET ADDRESS	<b>1630 N. Ocean Blvd #511</b>	
CITY-ST-ZIP	<b>Pompano Beach, FL, 33062</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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:** *B. ANDERSON*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR