

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # 711043**  
 1. Entity Name  
**TIFFANY GARDENS WEST, INC., A CONDOMINIUM**



FILED  
 04 DEC -9 PM 1:27  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

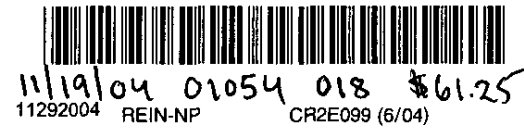
Principal Place of Business  
**INTEGRITY PROPERTY MANAGEMENT  
 953 UNIVERSITY DR  
 CORAL SPRINGS, FL 33071 US**

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

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



4. FEI Number  
**59-1402518**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**WHITTLE, CYNTHIA G  
 953 N UNIVERSITY DRIVE  
 CORAL SPRINGS, FL 33071**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

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**  
**After January 1, 2005, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VP	ANDERSON, BILL 1630 N. OCEAN BLVD POMPANO BEACH, FL 33062 <input checked="" type="checkbox"/> Delete	TITLE VP	JANE LOUGHAN 1630 N. Ocean Blvd. POMPANO BEACH, FL. 33062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD	SNAY, EMERIL 163 N OCEAN BLVD #814 POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	TENTODONATE, ARIOSTO 163 N OCEAN BLVD #513 POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	JAHRAUS, DICK 1630 N OCEAN BLVD POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DP	PRITZ, TONY 163 N OCEAN BLVD #511 POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_