

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711043

FILED
Apr 16, 2009
Secretary of State

Entity Name: TIFFANY GARDENS WEST, INC., A CONDOMINIUM

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1402518 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: LOUGHRAN, JANE
Address: 1630 N OCEAN BLVD
City-St-Zip: POMPANO BEACH, FL 33062

Title: TD () Delete
Name: SNAY, EMERIL
Address: 163 N OCEAN BLVD #814
City-St-Zip: POMPANO BEACH, FL 33062

Title: SD () Delete
Name: TENTODONATE, ARIOSTO
Address: 163 N OCEAN BLVD #513
City-St-Zip: POMPANO BEACH, FL 33062

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TONY, PRITZ
Address: 1630 N OCEAN BLVD #511
City-St-Zip: POMPANO BEACH, FL 33062

Title: VP (X) Change () Addition
Name: SNAY, EMERALD
Address: 1630 N OCEAN BLVD #814
City-St-Zip: POMPANO BEACH, FL 33062

Title: T (X) Change () Addition
Name: DELVECCHIO, TOM
Address: 1630 N OCEAN BLVD #911
City-St-Zip: POMPANO BEACH, FL 33062

Title: S () Change (X) Addition
Name: TONTODANATI, ARIOSTO
Address: 1630 N OCEAN BLVD #513
City-St-Zip: POMPANO BEACH, FL 33062

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY PRITZ

Electronic Signature of Signing Officer or Director

P

04/16/2009

Date