FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION**

ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(8)

TIFFANY GARDENS NORTH, INC.

FILED Apr 03 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address								-					
Principal Place of Business Mailing Address													
INTEGRITY PROPT, MGT INTEGRITY PROP. MGT						_			3. Date Incorporated or Qualified				
3200	uniyeksii U spring	TY DR #210 8 FL 33065			3200 UNIV ERSITY DR #210 CORAL SPRINGS FL 33065				06/15/1966				
ÚŠ	1 OI 1111101	5 16 55005		US					4. FEI Number		Αp	plied For	
									59-1312246		No	t Applicable	
2. F 21	Principal Pi	lace of Busi	ness	2a. Mallin	2a. Malling Address 26				5. Certificate of Status Desired \$8.75 Additional Fee Required				
S	Suite, Apt.	#, etc.		Suite,	Suite, Apt. #, etc.				6. Election Campaign Financing	\$	5.00 H	May Be	
22				27	1				Trust Fund Contribution				
_	City & State	9		City &	City & State				7. Is this nonprofit corporation a homeowners association?				
23				28					☐ Yes ☐ No				
_	ip.		Country	<u> </u>	Zip Countr				8. This corporation owes or has paid the current			year Intangible	
24			25	29		30			Personal Property Tax due June 3			j No	
		9. Name	and Address of Curre	nt Registered /	\gent		41		10. Name and Address of New Reg	istered Age	nt		
						8	ηN	Name					
INTEGRITY PROP MGT INC						8	2 S	Street Addre	Address (P.O. Box Number is Not Acceptable)				
3200 UNIVERSITY DRIVE #210 SUITE 202						8	3						
		S PRIN GS F	1 33085			L	1						
	OOINE C) INTOO	L 00000			6	4 C	City		FL 8	5 Zip (Code	
11.	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 617.0503, Florida Statutes.												
	egent. I a	egi ste red ag m f am iliar w	jent, or both, in the Stat- ith, and accept the oblig	e of Florida, Suc pations of, Section	n change was a on 617.0503, Flo	suthorized i prida Statut	oy the OS.	e corporati	on's board of directors. I hereby accept	the appoint	ment as	registered	
	NATURE _		,										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature rec										DATE			
12.		, <u>=</u>	OFFICERS AN	ND DIRECTORS	2	13.			ADDITIONS/CHANGES TO OFFICE				
TITLE		SD			DELETE	1.1 TITLE		Y	and 3 pada fore 200 No cean Blood.		Change	Addition	
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	ST-ZIP		<u>10 Beach Fl</u>		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1.4 CITY		IP f/C	The plan isome		<u></u>	<u> </u>	
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	ST-ZIP		IO BEACH FL		L' DELETE	3.4. CITY		IP A	<u> </u>		Ob-===	A differen	
TITLE		D	5 12		DELETE	4.1 TITLE		Ş.	NO HERTZ 20 N. OCEAN BLUD.		Change	Addition	
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	T ADDRESS		OCEAN BLVD			4.3 STAE		XRESS / /	wants Beach It.			İ	
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	T ADDRESS					6.3 STRE	OGA T	PRESS					
CITY-	ST-ZIP				<u></u>	6.4 CITY	ST-ZI	P					

I hereby certify that the information supplied with this filling 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.