

FILE NOW: FILING FEE IS \$61.25

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90071 001 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711044

1. Corporation Name

TIFFANY GARDENS NORTH, INC.

Principal Place of Business

INTEGRITY PROP. MGT
3200 UNIVERSITY DR #210
CORAL SPRINGS FL 33065
US

Mailing Address

INTEGRITY PROP. MGT
3200 UNIVERSITY DR #210
CORAL SPRINGS FL 33065
US

478288 - 90071 - 1



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/15/1966

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1312246

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INTEGRITY PROP MGT INC
3200 UNIVERSITY DRIVE #210
SUITE 202
CORAL SPRINGS FL 33065

81 Name

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

83

84 City

FL

85 Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE

NAME PHIPPS, GARY
STREET ADDRESS 1600 N OCEAN BLVD #PH9
CITY-ST-ZIP POMPANO BEACH FL

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME LANGENDERFER, RUSSELL
STREET ADDRESS 1620 N OCEAN BLVD #510
CITY-ST-ZIP POMPANO BEACH FL

2.1 TITLE ☐ Change ☐ Addition

TITLE PD ☒ DELETE

NAME FRIEDL, HARVEY
STREET ADDRESS 1620 N. OCEAN BLVD
CITY-ST-ZIP POMPANO BEACH FL

2.2 NAME ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME HERTZ, BUD
STREET ADDRESS 1620 N. OCEAN BLVD
CITY-ST-ZIP POMPANO BEACH FL

3.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME SPADAFOR, PAUL
STREET ADDRESS 1620 N OCEAN BLVD
CITY-ST-ZIP POMPANO BEACH FL

3.2 NAME ☐ Change ☐ Addition

TITLE D ☒ DELETE

NAME CRAWFORD, GAIL
STREET ADDRESS 1620 N OCEAN BLVD
CITY-ST-ZIP POMPANO BEACH FL

3.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☒ DELETE

NAME CRAWFORD, GAIL
STREET ADDRESS 1620 N OCEAN BLVD
CITY-ST-ZIP POMPANO BEACH FL

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)