FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999	DIVISION OF CORPORATIONS
DOCUMENT # 711 1. Corporation Name TIFFANY GARDENS NORTH	
Principal Place of Business	Mailing Address
INTEGRITY PROPT. MGT 3200 UNIVERSITY DR #210 CORAL SPRINGS FL 33065 US	INTEGRITY PROP. MGT 3200 UNIV ERSITY DR #210 CORAL SPRINGS FL 33065 US
2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27.
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30
9. Name and Address	of Current Registered Agent 81 Name
	81 Name

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

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

3. Date incorporated or Qualifed 06/15/1966

5. Certificate of Status Desired

4. FEI Number 59-1312246



Applied For Not Applicable
\$8.75 Additional

Fee Required

		<u> </u>									
Zip	Country	Zip 30	Country	untry		6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees		
24	25	<u> 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 </u>	<u> </u>			Name and Address		stored A		71 003	
	9. Name and Address of Current I	Registered Agent	81	Name	10.	Name and Address	Or Now Negr	otorou A	9-111		
	•		"	Maille							
INTEGRITY PROP MGT INC 3200 UNIVERSITY DRIVE #210			82	Street	Address (P.0	O. Box Number is No	t Acceptable)				
SUITE 202		,	83								
CORAL SE	PRINGS FL 33065		84	City					85 Zip C	ode	
	•			- •	. <u> </u>			FL			
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida, Such change was auth	iorized by	the corpo	corporation oration's boa	submits this stateme ard of directors. I hen	nt for the purp eby accept the	oose of c appoint	hanging its t tment as reg	egistered istered	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if englicable (NOTE: Re	wistered Agent	t signatura n	len nedw beriuper	nstating)		DATE			
12.	OFFICERS AND		13.			DDITIONS/CHANGE	S TO OFFICE	RS AND	DIRECTO	RS IN 12	
TITLE	SD 2	DELETE	1,1 TITLE		T				Change	Addition	
NAME	PHIPPS, GARY	·· === ··	1.2 NAME								
	TOO STOOTING THE WOULD		1.3 STREET	ADDRESS]	*					
STREET ADDRESS	POMPANO BEACH FL				}						
CITY-ST-ZIP	D D DEACH FE	☐ DELETE	1.4 CITY-ST 2.1 TITLE	-237	<u> </u>				Change	Addition	
TITLE	LANCENDEDEED DUCCELL									_	
NAME	LANGENDERFER, RUSSELL	/	2.2 NAME			-	, -				
STREET ADORESS			2.3 STREET					•			
CITY-ST-ZIP	POMPANO BEACH FL	Ton ser	2. 4 CITY-S	T-ZIP		· · · · · · · · · · · · · · · · · · ·	1/0-01		[] Change	Addition	
TITLE	PD	Ø DELETE	3.1 TITLE	\mathcal{Y}_{D}	NOL	1 316	VEN	7	□ Criange	☐ Addition	
NAME	FRIEDL, HARVEY		3.2 NAME	12	1621	A N. OCC	an 191	v d			
STREET ADDRESS	1620 N. OCEAN BLVD		3.3 STREET	ADDRESS		pano B	2	11	23	062	
CITY-ST-ZIP	POMPANO BEACH FL		3.4. CITY-S	T-ZIP	YOM	pano 12	each,	170			
TITLE	SD	□ DELETE	4.1 TITLE				,		Change	☐ Addition	
NAME	HERTZ, BUD		4, 2 NAME								
STREET ADDRESS	1620 N. OCEAN BLVD	·	4.3 STREET	ADDRESS	ļ						
CITY-ST-ZiP	POMPANO BEACH FL		4.4 CITY-ST	r- ZIP							
TITLE	VD	□ DELETE	5.1 TITLE				,		Change	☐ Addition	
NAME .	SPADAFORE, PAUL	• (5.2 NAME		[
STREET ADDRESS	1620 N OCEAN BLVD		5.3 STREET	ADORESS							
CITY-ST-ZIP	POMPANO BEACH FL		5.4 CITY-ST	r-zip							
TITLE	D	LA DELETE	6.1 TITLE		t	:			Change	Addition	
NAME	CRAWFORD, GAIL		6.2 NAME								
	1620 N OCEAN BLVD		6.3 STREET	ADDRESS							
	•		6.4 CITY-ST		[
CITY-ST-ZIP	POMPANO BEACH FL certify that the information supplied with	this filing dose not qualify for th			d in Section	119 07(3)(i). Florida	Statutes, I fur	her certi	fy that the in	formation	
indicated	certify that the information supplied with	nnual report is true and accurat	te and that	mv sian	nature shall h	nave the same legal of	effect as if ma	de under	oath; that I	am an	

4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. Turner 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 onto 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AND THE STATE OF PRINTS OF SIGNING OFFICER OR DIRECTOR STATES OF THE SIGNING OFFICER OR DIRECTOR STATES

Date | Daytime Phone #

MZEUS/ (11/90)