
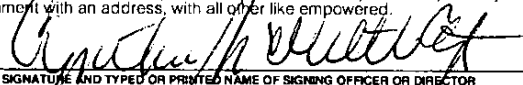


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90315 031 \*\*\*\*61.25

<b>DOCUMENT # 711044</b> 1. Entity Name <b>TIFFANY GARDENS NORTH, INC.</b>					
Principal Place of Business 953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 US			Mailing Address INTEGRITY PROP. MGT P.O. BOX 8726 CORAL SPRINGS, FL 33065 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1312246</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WHITTLE, CYNTHIA G C/O INTEGRITY PRO MANG 953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEMPOL, KEN		NAME	BRUNI ZEMPO	
STREET ADDRESS	1620 N. OCEAN BLVD.		STREET ADDRESS	1620 N. Ocean Blvd. #508	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	Pompano Beach, FL. 33062	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGENDERFER, RUSSELL		NAME		
STREET ADDRESS	1620 N OCEAN BLVD, #510		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEFANSKI, FLORENCE		NAME	ELAINE HANSEN	
STREET ADDRESS	1620 N. OCEAN BLVD #1209		STREET ADDRESS	1620 N. Ocean Blvd. #507	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	Pompano Beach FL. 33062	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALUPA, MARK		NAME	ROMOLO CATALANO	
STREET ADDRESS	1620 N OCEAN BLVD #107		STREET ADDRESS	1620 N. Ocean Blvd. #608	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	Pompano Beach, FL. 33062	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Pat CERULLI	
STREET ADDRESS			STREET ADDRESS	1620 N. Ocean Blvd. #316	
CITY-ST-ZIP			CITY-ST-ZIP	Pompano Beach, FL. 33062	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> 			Date: <b>2/28/05</b> 954-346-0677		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					