

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711044

Entity Name: TIFFANY GARDENS NORTH, INC.**Current Principal Place of Business:**INTEGRITY PROPERTY MGT.
5665 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33076**Current Mailing Address:**INTEGRITY PROPERTY MGT.
5665 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33076 US**FEI Number:** 59-1312246**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WHITTLE, CYNTHIA G
C/O INTEGRITY PROPERTY MGT.
5665 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33076 US*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**Officer/Director Detail :**

Title	VP, DIRECTOR
Name	WELAGE, BERT
Address	INTEGRITY PROPERTY MGT. 5665 CORAL RIDGE DRIVE
City-State-Zip:	CORAL SPRINGS FL 33076

Title	SECRETARY
Name	SCHERMESSER, JEANIE
Address	INTEGRITY PROPERTY MGT. 5665 CORAL RIDGE DRIVE
City-State-Zip:	CORAL SPRINGS FL 33076

Title	TREASURER, DIRECTOR
Name	KOCH, RUDY
Address	INTEGRITY PROPERTY MGT. 5665 CORAL RIDGE DRIVE
City-State-Zip:	CORAL SPRINGS FL 33076

Title	PRESIDENT
Name	DEL POZZO, DAVE
Address	INTEGRITY PROPERTY MGT. 5665 CORAL RIDGE DRIVE
City-State-Zip:	CORAL SPRINGS FL 33076

Title	DIRECTOR
Name	GOYER, PIERRE
Address	INTEGRITY PROPERTY MGT. 5665 CORAL RIDGE DRIVE
City-State-Zip:	CORAL SPRINGS FL 33076

I hereby 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 all other like empowered.

SIGNATURE: DAVE DEL POZZO

PRESIDENT

04/26/2018

Electronic Signature of Signing Officer/Director Detail_____
Date