

2017 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	PD
Name	WELAGE, BERT
Address	INTEGRITY PROPERTY MGT. 5665 CORAL RIDGE DRIVE
City-State-Zip:	CORAL SPRINGS FL 33076

Title	TD
Name	PRONGAY, BOB
Address	INTEGRITY PROPERTY MGT. 5665 CORAL RIDGE DRIVE
City-State-Zip:	CORAL SPRINGS FL 33076

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

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

Title	DIRECTOR
Name	BURKE, JOE
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: BERT WELAGE

PRESIDENT

04/06/2017

Electronic Signature of Signing Officer/Director Detail_____
Date