2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 24, 2004 8:00 am Secretary of State **DOCUMENT # 710549** 1. Entity Name 05-03-2004 90452 016 ****61.25 TIFFANY GARDENS EAST, INC. Principal Place of Business Mailing Address INTEGRITY PROP MGT., INC. 953 UNIVERSITY DRIVE CORAL SPRINGS FL 33071 INTEGRITY PROP MGT., INC. 66423857 P.O. BOX 8726 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-1307712 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITTLE, CYNTHIA G Street Address (P.O. Box Number is Not Acceptable) C/O INTEGRITY PROPERTY MANAGEMENT 953 UNIVERSITY DRIVE CORAL SPRINGS FL 33071 Zip Code 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 Signature, hyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Due By May 1, 2004 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TID F ☐ Delete TITLE Change D. ☐ Addition ZUCCARO, ALBERT NAME 1600 NO OCEAN BLVD APT 505 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition LINKE ART NAME NAME 1610 N OCEAN BLVD STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33062 CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Defet: TITLE Chance ☐ Addition SATCHELL, MARK MALKE 1610 N OCEAN BLVD #703 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPONO BEACH FL CITY-ST-ZIP MARTIN Klos Delete TILE ρ ☐ Change ☐ Addition NUTS, BUD NAME NAME 1610 N. Ocean Blvd. #1202 Dompano Beach, A. 3306 1610 N. OCEAN BLVD. STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-7IP CITY-ST-ZIP HERZBERT AMMERINI/LONG, Change PANGITION TITLE ☐ Delete THE TD NAME NAME 1610 N. Ocean Blvd.# STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 otherwise empowered.

FILED