## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Feb 22, 2007 8:00 am Secretary of State 02-22-2007 90002 045 \*\*\*\*61.25 **DOCUMENT #710549** 1. Entity Name TIFFANY GARDENS EAST, INC. Principal Place of Business Mailing Address INTEGRITY PROP MGT., INC. INTEGRITY PROP MGT., INC. 953 UNIVERSITY DRIVE P.O. BOX 8726 CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33065 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt. #. etc. Suite, Ant. #, etc. 01152007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1307712 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WHITTLE, CYNTHIA G C/O INTEGRITY PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITLE TITLE □ Change Addition ZUCCARO, ALBERT NAME NAME 1600 NO OCEAN BLVD APT 505 STREET ADDRESS STREET ADDRESS Pompano Beach FL 33062 POMPANO BEACH, FL 33062 CITY-ST-ZIP CITY-ST-ZIP VΩ Delete TITLE LINKE, ART NAME NAME 1610 N OCEAN BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33062 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition NAME SATCHELL, MARK NAME 1610 N OCEAN BLVD #703 STREET ADDRESS STREET ADDRESS POMPONO BEACH, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 eath; that I am an officer or director of the corporation or the receives 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 all other like empowered.

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**