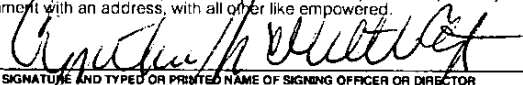


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # 711044 1. Entity Name TIFFANY GARDENS NORTH, INC.																	
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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		50024920 													
City & State		City & State		01072005 Chg-NP CR2E037 (10/03)													
Zip		Country		4. FEI Number 59-1312246													
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required															
6. Name and Address of Current Registered Agent WHITTLE, CYNTHIA G C/O INTEGRITY PRO MANG 953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees													
Make check payable to Florida Department of State																	
10. OFFICERS AND DIRECTORS																	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> TD ZEMPOL, KEN 1620 N. OCEAN BLVD. POMPANO BEACH, FL 33062 </td> <td style="width: 50%; padding: 5px;"> ☒ Delete </td> </tr> <tr> <td style="padding: 5px;"> P LANGENDERFER, RUSSELL 1620 N OCEAN BLVD, #510 POMPANO BEACH, FL </td> <td style="padding: 5px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 5px;"> SD STEFANSKI, FLORENCE 1620 N. OCEAN BLVD #1209 POMPANO BEACH, FL 33062 </td> <td style="padding: 5px;"> ☒ Delete </td> </tr> <tr> <td style="padding: 5px;"> VD KALUPA, MARK 1620 N OCEAN BLVD #107 POMPANO BEACH, FL 33062 </td> <td style="padding: 5px;"> ☒ Delete </td> </tr> <tr> <td style="padding: 5px;"> _____ _____ _____ </td> <td style="padding: 5px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 5px;"> _____ _____ _____ </td> <td style="padding: 5px;"> ☐ Delete </td> </tr> </table>					TD ZEMPOL, KEN 1620 N. OCEAN BLVD. POMPANO BEACH, FL 33062	☒ Delete	P LANGENDERFER, RUSSELL 1620 N OCEAN BLVD, #510 POMPANO BEACH, FL	☐ Delete	SD STEFANSKI, FLORENCE 1620 N. OCEAN BLVD #1209 POMPANO BEACH, FL 33062	☒ Delete	VD KALUPA, MARK 1620 N OCEAN BLVD #107 POMPANO BEACH, FL 33062	☒ Delete	_____ _____ _____	☐ Delete	_____ _____ _____	☐ Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																	
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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.																	
SIGNATURE:  2/28/05 954-346-0677																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																	