

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711044

FILED  
Feb 24, 2010  
Secretary of State

Entity Name: TIFFANY GARDENS NORTH, INC.

## Current Principal Place of Business:

953 UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33065 US

## New Principal Place of Business:

INTEGRITY PROPERTY MGT.  
5665 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33076 US

## Current Mailing Address:

INTEGRITY PROP. MGT  
P.O. BOX 8726  
CORAL SPRINGS, FL 33065 US

## New Mailing Address:

INTEGRITY PROPERTY MGT.  
5665 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33076 US

FEI Number: 59-1312246

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WHITTLE, CYNTHIA G  
C/O INTEGRITY PRO MANG  
953 UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33071 US

## Name and Address of New 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: CINDY WHITTLE

02/24/2010

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: TD  
Name: LEES, ROY  
Address: 5665 CORAL RIDGE DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: PD  
Name: LANGENDERFER, RUSSELL  
Address: 5665 CORAL RIDGE DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D  
Name: CATALANO, ROMOLO  
Address: 5665 CORAL RIDGE DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VPD  
Name: STEVENS, NOEL  
Address: 5665 CORAL RIDGE DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D  
Name: WELAGE, BERT  
Address: 5665 CORAL RIDGE DRIVE  
City-St-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: RUSSELL LANGENDERFER

PD

02/24/2010

Electronic Signature of Signing Officer or Director

Date