

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **743679**

1. Entity Name

**THE BALMORAL CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90019 017 \*\*\*\*61.25

Principal Place of Business

9801 COLLINS AVE.  
 BAL HARBOUR FL 33154

Mailing Address

9801 COLLINS AVE.  
 BAL HARBOUR FL 33154-1815

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1843961**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMMER, SELMA**  
 9801 COLLINS AVE UNIT 5-F  
 BAL HARBOUR FL 33154

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.

*Selma Hammer*  
 SIGNATURE

*3/24/00*  
 DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SHAAB, IRWIN</b>	
STREET ADDRESS	<b>9801 COLLINS AVE UNIT 14-V</b>	
CITY-ST-ZIP	<b>BAL HARBOUR FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SONDRA DEUTSCH</b>	
STREET ADDRESS	<b>9801 COLLINS UNIT 14-Z</b>	
CITY-ST-ZIP	<b>BAL HARBOUR FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HAMMER, SELMA</b>	
STREET ADDRESS	<b>9801 COLLINS AVE UNIT 5-F</b>	
CITY-ST-ZIP	<b>BAL HARBOUR FL 33154</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SHAAB, IRWIN</b>	
STREET ADDRESS	<b>9801 COLLINS AVE UNIT 14-V</b>	
CITY-ST-ZIP	<b>BAL HARBOUR FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>YACHANOWIT, JOSEPH</b>	
STREET ADDRESS	<b>9801 COLLINS AVE UNIT 12-M</b>	
CITY-ST-ZIP	<b>BAL HARBOUR FL 33154</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NADLER, DAVID</b>	
STREET ADDRESS	<b>9801 COLLINS AVE UNIT 12-J</b>	
CITY-ST-ZIP	<b>BAL HARBOUR FL 33154</b>	

TITLE	<b>P/T</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHAAB, IRWIN</b>	
STREET ADDRESS	<b>9801 Collins Ave Unit 14-V</b>	
CITY-ST-ZIP	<b>Bal Harbour, FL 33154</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVID NADLER</b>	
STREET ADDRESS	<b>9801 Collins Ave Unit 12-J</b>	
CITY-ST-ZIP	<b>Bal Harbour, FL 33154</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>See above P/T</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Yachowitz, Joseph</b>	
STREET ADDRESS	<b>9801 Collins Ave Unit 12-M</b>	
CITY-ST-ZIP	<b>Bal Harbour, FL 33154</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Deutsch, Sondra</b>	
STREET ADDRESS	<b>9801 Collins Ave Unit 14-Z</b>	
CITY-ST-ZIP	<b>Bal Harbour, FL 33154</b>	

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:** *Selma Hammer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/24/00* Date  
*(305) 866-7792* Daytime Phone #

CR2E037 (9/99)