

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

NONPROFIT CORPORATION ANNUAL REPORT **1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **754987** (6)

1. Corporation Name  
**TIFFANY OF BAL HARBOUR CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **10175 COLLINS AVENUE BAL HARBOUR FL 33154-1636**  
Mailing Address: **10175 COLLINS AVENUE BAL HARBOUR FL 33154-1636**

3. Date Incorporated or Qualified: **11/04/1980**  
3a. Date of Last Report: **06/12/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **59-2279576**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ORANGE, GERALD  
10175 COLLINS AVE.  
BAL HARBOUR FL 33154**

81 Name: **Michael Feldman**  
82 Street Address (P.O. Box Number is Not Acceptable): **1135 Kane Concourse**  
83 City: **Bay Harbour Islands,**  
84 City: **Bay Harbour Islands FL** 85 Zip Code: **33154**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.060, Florida Statutes.

SIGNATURE: *Michael Feldman* **MICHAEL FELDMAN** 3/2/96  
Signature, typed or printed name of registered agent and street applicable (NOTE: Registered Agent signature required when reissuing) DATE

**OFFICERS AND DIRECTORS**

TITLE: <b>S</b>	NAME: <b>WEISS SEYMOUR</b>	<input type="checkbox"/> DELETE
STREET ADDRESS: <b>10175 COLLINS AVENUE</b>	CITY-ST-ZIP: <b>BAL HARBOR FL</b>	
TITLE: <b>D</b>	NAME: <b>WEINSTEIN, KATHLEEN</b>	<input type="checkbox"/> DELETE
STREET ADDRESS: <b>10175 COLLINS AVENUE</b>	CITY-ST-ZIP: <b>BAL HARBOR FL</b>	
TITLE: <b>D</b>	NAME: <b>SZEKELY, ANDREW</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: <b>10175 COLLINS AVENUE</b>	CITY-ST-ZIP: <b>BAL HARBOR FL</b>	
TITLE: <b>P</b>	NAME: <b>ZEITLIN, SIDNEY</b>	<input type="checkbox"/> DELETE
STREET ADDRESS: <b>10175 COLLINS AVENUE</b>	CITY-ST-ZIP: <b>BAL HARBOR FL</b>	
TITLE: <b>D</b>	NAME: <b>BAUER, PETER</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: <b>10175 COLLINS AVENUE</b>	CITY-ST-ZIP: <b>BAL HARBOR FL</b>	
TITLE: <b>VP</b>	NAME: <b>FISHER, MELVIN</b>	<input type="checkbox"/> DELETE
STREET ADDRESS: <b>10175 COLLINS AVENUE</b>	CITY-ST-ZIP: <b>BAL HARBOR FL</b>	

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE: <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME: <b>600001758336</b>	
13 STREET ADDRESS: <b>-03/26/96--01153--010</b>	
14 CITY-ST-ZIP: <b>***61.25</b>	
21 TITLE: <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME:	
23 STREET ADDRESS:	
24 CITY-ST-ZIP:	
31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME:	
33 STREET ADDRESS:	
34 CITY-ST-ZIP:	
41 TITLE: <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME:	
43 STREET ADDRESS:	
44 CITY-ST-ZIP:	
51 TITLE: <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME:	
53 STREET ADDRESS:	
54 CITY-ST-ZIP:	
61 TITLE: <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME:	
63 STREET ADDRESS:	
64 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sidney Zeitlin* **PRESIDENT**

2/6/96

305-861-7834

Date Daytime Phone #

CR2E037 (12/95)