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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address  
10175 COLLINS AVENUE BAL HARBOUR FL 33154-1636  
10175 COLLINS AVENUE BAL HARBOUR FL 33154-1637

3. Date incorporated or Qualified 11/04/1980  
3a. Date of Last Report 03/26/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2279576	Not Applicable
Suite, Apt #, etc.	Suite, Apt #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FELDMAN, MICHAEL  
1135 KANE CONCOURSE  
BAY HARBOUR ISLANDS FL 33154

81 Name NANCY SILVERMAN  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 10175 COLLINS AVE  
84 City BAL HARBOUR 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 617.0503, Florida Statutes.

SIGNATURE Seymour Roth Treas 2/24/97  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEISS SEYMOUR	
STREET ADDRESS	10175 COLLINS AVENUE	
CITY-ST-ZIP	BAL HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEINSTEIN, KATHLEEN	
STREET ADDRESS	10175 COLLINS AVENUE	
CITY-ST-ZIP	BAL HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZEITLIN, SIDNEY	
STREET ADDRESS	10175 COLLINS AVENUE	
CITY-ST-ZIP	BAL HARBOUR FL 33154-1636	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHER, MELVIN	
STREET ADDRESS	10175 COLLINS AVENUE	
CITY-ST-ZIP	BAL HARBOUR FL 33154-1636	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> ADDITION
NAME	Phil MARCANTONIO	
STREET ADDRESS	10175 COLLINS AVE	
CITY-ST-ZIP	BAL HARBOUR, FL. 33154	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NANCY SILVERMAN	
1.3 STREET ADDRESS	10175 COLLINS AVE	
1.4 CITY-ST-ZIP	BAL HARBOUR, FL. 33154	
2.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SEYMOUR ROTH	
2.3 STREET ADDRESS	10175 COLLINS AVE	
2.4 CITY-ST-ZIP	BAL HARBOUR, FL. 33154	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CY DENNEN	
3.3 STREET ADDRESS	10175 COLLINS AVE	
3.4 CITY-ST-ZIP	BAL HARBOUR, FL. 33154	
4.1 TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FISHER, MELVIN	
4.3 STREET ADDRESS	10175 COLLINS AVE	
4.4 CITY-ST-ZIP	BAL HARBOUR, FL. 33154	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	NATHAN LEE	
5.3 STREET ADDRESS	10175 COLLINS AVE	
5.4 CITY-ST-ZIP	BAL HARBOUR, FL. 33154	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MAT GURVITCH	
6.3 STREET ADDRESS	10175 COLLINS AVE	
6.4 CITY-ST-ZIP	BAL HARBOUR, FL. 33154	

14. I do 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 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: Seymour Roth Treas 2/11/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0030056

CR2E037 (9/96)