


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 04 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
11/04/1980

4. FEI Number
59-2279576

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**SILVERMAN, NANCY
10175 COLLINS AVE
BAL HARBOUR FL 33154**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, NANCY	1.2 NAME	
STREET ADDRESS	10175 COLLINS AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSTEIN, KATHLEEN	2.2 NAME	
STREET ADDRESS	10175 COLLINS AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEITLIN, SIDNEY	3.2 NAME	ZEITLIN, SIDNEY
STREET ADDRESS	10175 COLLINS AVENUE	3.3 STREET ADDRESS	← SAME
CITY-ST-ZIP	BAL HARBOUR FL 33154-1636	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, MELVIN	4.2 NAME	FISHER, MELVIN
STREET ADDRESS	10175 COLLINS AVENUE	4.3 STREET ADDRESS	← SAME
CITY-ST-ZIP	BAL HARBOUR FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, NATHAN	5.2 NAME	PONIEMEN, DAVID
STREET ADDRESS	10175 COLLINS AVE	5.3 STREET ADDRESS	10175 COLLINS AVE
CITY-ST-ZIP	BAL HARBOUR FL	5.4 CITY-ST-ZIP	BAL HARBOUR FL 33154
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GURVITCH, NAT	6.2 NAME	GURVITCH, NAT
STREET ADDRESS	10175 COLLINS AVE	6.3 STREET ADDRESS	← SAME
CITY-ST-ZIP	BAL HARBOUR FL	6.4 CITY-ST-ZIP	

14. 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 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: *Nancy Silverman* (305) 1-19-98 861-7834

CR2E037 (10/97)