

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90108 009 ****61.25

DOCUMENT # 754987

1. Entity Name

TIFFANY OF BAL HARBOUR CONDOMINIUM ASSOCIATION,

Principal Place of Business

Mailing Address

10175 COLLINS AVENUE
 BAL HARBOUR FL 33154-1636

10175 COLLINS AVENUE
 BAL HARBOUR FL 33154-1637

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2279576

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVERMAN, NANCY
 10175 COLLINS AVE
 BAL HARBOUR FL 33154

Name **CYRON DENNEN**

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

10175 COLLINS AVENUE

City **BAL HARBOUR** FL Zip Code **33154**

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.

SIGNATURE *Cyron Dennen*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **VP** Delete
 NAME **SILVERMAN, NANCY**
 STREET ADDRESS **10175 COLLINS AVENUE**
 CITY-ST-ZIP **BAL HARBOR FL**

TITLE **VP** Change Addition
 NAME **HOWARD SILVERMAN**
 STREET ADDRESS **10175 COLLINS AVENUE**
 CITY-ST-ZIP **BAL HARBOUR FL 33154**

TITLE **P** Delete
 NAME **CYRON, DENNEN**
 STREET ADDRESS **10175 COLLINS AVENUE**
 CITY-ST-ZIP **BAL HARBOR FL 33154**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **ZEITLIN, SIDNEY**
 STREET ADDRESS **10175 COLLINS AVENUE**
 CITY-ST-ZIP **BAL HARBOUR FL 33154-1636**

TITLE **DIRECTOR** Change Addition
 NAME **SIDNEY ZEITLIN**
 STREET ADDRESS **10175 COLLINS AVENUE**
 CITY-ST-ZIP **BAL HARBOUR FL 33154**

TITLE **D** Delete
 NAME **FISHER, MELVIN**
 STREET ADDRESS **10175 COLLINS AVENUE**
 CITY-ST-ZIP **BAL HARBOUR FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **FLORENCE, ZBAR**
 STREET ADDRESS **10175 COLINS AVE**
 CITY-ST-ZIP **BAL HARBOR FL 33154**

TITLE **TREASURER** Change Addition
 NAME **MY HASS**
 STREET ADDRESS **10175 COLLINS AVE**
 CITY-ST-ZIP **BAL HARBOUR FL 33154**

TITLE **AT** Delete
 NAME **GURMITCH, NAT**
 STREET ADDRESS **10175 COLLINS AVE**
 CITY-ST-ZIP **BAL HARBOUR FL**

TITLE **DIRECTOR** Change Addition
 NAME **MAURICE CORNELISSEN**
 STREET ADDRESS **10175 COLLINS AVE**
 CITY-ST-ZIP **BAL HARBOUR FL 33**

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:

Cyron Dennen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2000 (305) 861-7834
 Date Daytime Phone #

CR2E037 (9/99)