

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-15-2002 90197 034 ****61.25

DOCUMENT # 754987

1. Entity 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 33154-1636



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2279576

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILVERMAN, HOWARD S
 10175 COLLINS AVE
 BAL HARBOUR FL 33154

7. Name and Address of New Registered Agent

Name **MAURICE CORNELISSEN**
 Street Address (P.O. Box Number is Not Acceptable)
10175 COLLINS AVE
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SILVERMAN, HOWARD	
STREET ADDRESS	10175 COLLINS AVENUE	
CITY-ST-ZIP	BAL HARBOUR FL 33154	
TITLE	VP DIRECTOR	<input type="checkbox"/> Delete
NAME	CYRON, DENNEN	<input checked="" type="checkbox"/> CHANGE
STREET ADDRESS	10175 COLLINS AVENUE	
CITY-ST-ZIP	BAL HARBOUR FL 33154	
TITLE	VP SEC	<input type="checkbox"/> Delete
NAME	LIBERMAN, PEARL	
STREET ADDRESS	10175 COLLINS AVENUE	
CITY-ST-ZIP	BAL HARBOUR FL 33154-1636	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MACANTONIO, PHILLIP	
STREET ADDRESS	10175 COLLINS AVENUE	
CITY-ST-ZIP	BAL HARBOUR FL 33154	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, NATHAN	
STREET ADDRESS	10175 COLLINS AVE	
CITY-ST-ZIP	BAL HARBOR FL 33154	
TITLE	VP PRESIDENT	<input type="checkbox"/> Delete
NAME	CORNELISSEN, MAURICE	<input checked="" type="checkbox"/> CHANGE
STREET ADDRESS	10175 COLLINS AVE	
CITY-ST-ZIP	MIAMI FL 33154	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDY KRATZ HOKOWITZ	
STREET ADDRESS	10175 COLLINS AVE	
CITY-ST-ZIP	BAL HARBOUR FL 33154	
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHLEEN WEINSTEIN	
STREET ADDRESS	10175 COLLINS AVE	
CITY-ST-ZIP	BAL HARBOUR FL 33154	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETSY ALEMANN	
STREET ADDRESS	10175 COLLINS AVE	
CITY-ST-ZIP	BAL HARBOUR FL 33154	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARA SPADZINICK	
STREET ADDRESS	10175 COLLINS AVE	
CITY-ST-ZIP	BAL HARBOUR FL 33154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (4/02)

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: **SIGNATURE REQUIRED**

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #