2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754987

FILED Apr 20, 2004 Secretary of State

Entity Name: TIFFANY OF BAL HARBOUR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
10175 COLLINS AVENUE BAL HARBOUR, FL 331541636						
Current Mailing Address:			New Maili	New Mailing Address:		
10175 COLLINS AVENUE BAL HARBOUR, FL 331541636						
FEI Number:	59-2279576	FEI Number Applied For() FE	I Number Not Appl	licable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Address o	f New Registered Agent:	
CORNELISSEN, MAURICE 10175 COLLINS AVE BAL HARBOUR, FL 33154 US						
The above in the State		submits this statement for the purpo	se of changing i	ts registere	d office or registered agent, or both,	
SIGNATURE:						
	Electro	nic Signature of Registered Agent			Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VP (HOROWITZ, JI 10175 COLLIN BAL HARBOUR	S AVENUE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (CYRON, DENN 10175 COLLIN BAL HARBOR,	S AVENUE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	LIBERMAN, PE 10175 COLLIN		Title: Name: Address: City-St-Zip:		(X) Change () Addition SHIRLEY LINS AVENUE DUR, FL 331541636	
Title: Name: Address: City-St-Zip:	T (WEINSTEIN, K 10175 COLLIN BAL HARBOUR	S AVENUE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (LEE, NATHAN 10175 COLINS BAL HARBOR,		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	P (CORNELISSEI 10175 COLLIN MIAMI, FL 331	S AVE	Title: Name: Address: City-St-Zip:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMITAI SHOSHAN D 04/20/2004

NATHAN GURVITCH --- DIRECTOR 10175 COLLINS AVE. BAL HARBOUR, FL. 33154

BEATRIZ ALEMAN -- DIRECTOR 10175 COLLINS AVE BAL HARBOUR , FL. 33154