
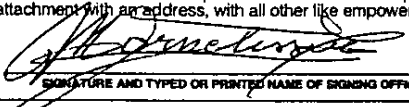


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90017 009 ****61.25

DOCUMENT # 754987					
1. Entity 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORNELISSEN, MAURICE 10175 COLLINS AVE BAL HARBOUR, FL 33154				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOROWITZ, JUDY KRATZ		NAME	MICHAEL NOVOSON	
STREET ADDRESS	10175 COLLINS AVENUE		STREET ADDRESS	10175 COLLINS AVE	
CITY-ST-ZIP	BAL HARBOUR, FL 33154		CITY-ST-ZIP	BAL HARBOUR, FL 33154	
TITLE	D	<input type="checkbox"/> Delete	TITLE	BETH ALEMANT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CYRON, DENNEN		NAME	DIRECTOR	
STREET ADDRESS	10175 COLLINS AVENUE		STREET ADDRESS	10175 COLLINS AVE	
CITY-ST-ZIP	BAL HARBOR, FL 33154		CITY-ST-ZIP	BAL HARBOUR, FL. 33154	
TITLE	S	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORWITZ, SHIRLEY		NAME	NATHAN GURVITCH	
STREET ADDRESS	10175 COLLINS AVENUE		STREET ADDRESS	10175 COLLINS AVE	
CITY-ST-ZIP	BAL HARBOUR, FL 331541636		CITY-ST-ZIP	BAL HARBOUR, FL. 33154	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSTEIN, KATHLEEN		NAME		
STREET ADDRESS	10175 COLLINS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	BAL HARBOUR, FL 33154		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, NATHAN		NAME		
STREET ADDRESS	10175 COLINS AVE		STREET ADDRESS		
CITY-ST-ZIP	BAL HARBOR, FL 33154		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNELISSEN, MAURICE		NAME		
STREET ADDRESS	10175 COLLINS AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33154		CITY-ST-ZIP		
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: 			Date: 1, 05, 05		Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



01042005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2279576 Applied For Not Applicable

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

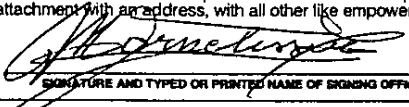
FL Zip Code

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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SIGNATURE:  Date: 1, 05, 05 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR