

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754987

FILED
Jul 03, 2006
Secretary of State

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

Current Principal Place of Business:

10175 COLLINS AVENUE
BAL HARBOUR, FL 331541636

New Principal Place of Business:

Current Mailing Address:

10175 COLLINS AVENUE
BAL HARBOUR, FL 331541636

New Mailing Address:

FEI Number: 59-2279576 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORNELISSEN, MAURICE
10175 COLLINS AVE
BAL HARBOUR, FL 33154 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: HOROWITZ, JUDY KRATZ
Address: 10175 COLLINS AVENUE
City-St-Zip: BAL HARBOUR, FL 33154

Title: D () Delete
Name: CYRON, DENNEN
Address: 10175 COLLINS AVENUE
City-St-Zip: BAL HARBOR, FL 33154

Title: S () Delete
Name: HORWITZ, SHIRLEY
Address: 10175 COLLINS AVENUE
City-St-Zip: BAL HARBOUR, FL 331541636

Title: T () Delete
Name: WEINSTEIN, KATHLEEN
Address: 10175 COLLINS AVENUE
City-St-Zip: BAL HARBOUR, FL 33154

Title: D () Delete
Name: LEE, NATHAN
Address: 10175 COLINS AVE
City-St-Zip: BAL HARBOR, FL 33154

Title: P () Delete
Name: CORNELISSEN, MAURICE
Address: 10175 COLLINS AVE
City-St-Zip: MIAMI, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: NOVOSON, MICHAEL
Address: 10175 COLLINS AVENUE
City-St-Zip: BAL HARBOUR, FL 33154

Title: D (X) Change () Addition
Name: CYRON, DENNEN
Address: 10175 COLLINS AVENUE
City-St-Zip: BAL HARBOUR, FL 33154

Title: S (X) Change () Addition
Name: HERZ, MARVIN
Address: 10175 COLLINS AVENUE
City-St-Zip: BAL HARBOUR, FL 331541636

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LEE, NATHAN
Address: 10175 COLINS AVE
City-St-Zip: BAL HARBOUR, FL 33154

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MAURICE CORNELISSEN

P

07/03/2006

Electronic Signature of Signing Officer or Director

_____ Date