


**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2008 8:00 am
Secretary of State

01-14-2008 90101 019 ****61.25
02-22-2008 90014 038 ****61.25

DOCUMENT #754987
1. Entity Name
TIFFANY OF BAL HARBOUR ASSOCIATION



DO NOT WRITE IN THIS SPACE

40030087 ✓

CR2E037B (5/07)

2. Principal Place of Business - No P.O. Box #
10175 COLLINS AVENUE
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
BAL HARBOUR
FLORIDA

City & State
FLORIDA

Zip
33154
Country
USA

Zip
Country

4. FEI Number
59-2279576

Applied For
Not Applicable

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

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7. Name and Address of Current Registered Agent

Name

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

City

FL Zip Code

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 *Maurice Cornelissen* PRESIDENT MAURICE CORNELISSEN 2/15/08

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

FEE IS \$61.25
Initial or Amended AR

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAURICE CORNELISSEN-PRESIDENT 10175 COLLINS AV. #1606 BAL HARBOUR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFFREY SILBER- VICE PRESIDENT 10175 COLLINS AV. #308 BAL HARBOUR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KATHLEEN WEINSTEIN-SEC.-TREASURER 10175 COLLINS AV. #304 BAL HARBOUR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NATHAN LEE - DIRECTOR 10175 COLLINS AV. #302 BAL HARBOUR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CYRON DENNEN - DIRECTOR 10175 COLLINS AV. #904 BAL HARBOUR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 on an attachment with an address with another like empowered.

SIGNATURE: *Maurice Cornelissen* CORNELISSEN 2/15/08 305-861-7834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #