NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 03, 2007 8:00 am
Secretary of State
03-01-2007 90018 043 ****61.25

DOCUMENT # 754987

1. Entity Name

TIFFANY OF BAL HARBOUR ASSOCIATION

66007771

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10175 COLLINS AVENUE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BAL HARBOUR	City & State
Zip: 33154 Country: USA	Zip Country

4. FEI Number: 59- ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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: MAURICE CORNELISSEN DATE: 3/14/07

(Print name and capacity of registered agent and title if applicable) (FOR Registered Agent signature requirements see instructions)

FEE IS $61.25 Initial or Amended UBR

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- PRES. 10175 COLLINS AV. #1606 BAL HARBOUR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL NOVOSON- VICE-PRES. 10175 COLLINS AV. #1101 BAL HARBOUR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 3/30/07 (305) 861-7834

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