

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754987

**FILED**  
**Jan 11, 2018**  
**Secretary of State**  
**CC3264654534**

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

**Current Principal Place of Business:**

10175 COLLINS AVENUE  
BAL HARBOUR, FL 33154

**Current Mailing Address:**

10175 COLLINS AVENUE  
BAL HARBOUR, FL 33154

**FEI Number: 59-2279576**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MARTINEZ, CARIDAD PTY MGR  
10175 COLLINS AVE  
BAL HARBOUR, FL 33154 US

*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

**Officer/Director Detail :**

Title	TREASURER
Name	HENRY, BOENNING
Address	10175 COLLINS AVE # 1201
City-State-Zip:	BAL HARBOUR FL 33154
Title	VICE-PRESIDENT
Name	SCHNIDERMAN, BRIAN
Address	10175 COLLINS AVENUE # 1006
City-State-Zip:	BAL HARBOUR FL 33154
Title	SECRETARY
Name	LANCIT, IRWIN
Address	10175 COLLINS AVENUE # 903
City-State-Zip:	BAL HARBOUR FL 33154

Title	PRESIDENT
Name	STOCK, AZIEL
Address	10175 COLLINS AVE # 202
City-State-Zip:	BAL HARBOUR FL 33154
Title	DIRECTOR
Name	MALKIN, RYAN
Address	10175 COLLINS AVE # 405
City-State-Zip:	BAL HARBOUR FL 33154

*I hereby 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 all other like empowered.*

**SIGNATURE: AZIEL STOCK**

**PRESIDENT**

**01/11/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date