

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743679

1. Entity Name

THE BALMORAL CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90019 017 ****61.25

Principal Place of Business

9801 COLLINS AVE.
BAL HARBOUR FL 33154

Mailing Address

9801 COLLINS AVE.
BAL HARBOUR FL 33154-1815

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1843961

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMMER, SELMA
9801 COLLINS AVE UNIT 5-F
BAL HARBOUR FL 33154

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.

Selma Hammer
SIGNATURE

3/24/00
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAAB, IRWIN 9801 COLLINS AVE UNIT 14-V BAL HARBOUR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SONDRA DEUTSCH 9801 COLLINS UNIT 14-Z BAL HARBOUR FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAMMER, SELMA 9801 COLLINS AVE UNIT 5-F BAL HARBOUR FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHAAB, IRWIN 9801 COLLINS AVE UNIT 14-V BAL HARBOUR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YACHANOWIT, JOSEPH 9801 COLLINS AVE UNIT 12-M BAL HARBOUR FL 33154	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NADLER, DAVID 9801 COLLINS AVE UNIT 12-J BAL HARBOUR FL 33154	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T SHAAB, IRWIN 9801 Collins Ave Unit 14-V Bal Harbour, FL 33154	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVID NADLER 9801 Collins Ave Unit 12-J Bal Harbour, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See above P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Yachnowitz, Joseph 9801 Collins Ave Unit 12-M Bal Harbour, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Deutsch, Sonda 9801 Collins Ave Unit 14-Z Bal Harbour, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Selma Hammer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00
Date

(305) 866-7792
Daytime Phone #

CR2E037 (9/99)