

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754987

FILED
Jan 06, 2009
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 ()

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: P () Delete
Name: MAURICE, CORNELISSEN
Address: 10175 COLLINS AVE # 1606
City-St-Zip: BAL HARBOUR, FL 33154

Title: V () Delete
Name: NOVOSON, MICHAEL
Address: 10175 COLLINS AVE # 1101
City-St-Zip: BAL HARBOUR, FL 33154

Title: VP () Delete
Name: SILBER, JEFFREY
Address: 10175 COLLINS AVE 308
City-St-Zip: MIAMI BEACH, FL 33154

Title: ST () Delete
Name: WEUBSTEUB, KATHLEEN
Address: 10175 COLLINS AVE 304
City-St-Zip: MIAMI BEACH, FL 33154

Title: D () Delete
Name: LEE, NATHAN
Address: 10175 COLLINS AVE 302
City-St-Zip: MIAMI BEACH, FL 33154

Title: D (X) Delete
Name: DENNEN, CYRON
Address: 10175 COLLINS AVE 904
City-St-Zip: MIAMI BEACH, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MAURICE, CORNELISSEN
Address: 10175 COLLINS AVE # 1606
City-St-Zip: BAL HARBOUR, FL 33154

Title: V-P (X) Change () Addition
Name: DENNEN, CYRON
Address: 10175 COLLINS AVE # 904
City-St-Zip: BAL HARBOUR, FL 33154

Title: SEC (X) Change () Addition
Name: ORTEGA, ALBERTO
Address: 10175 COLLINS AVE PH-5
City-St-Zip: MIAMI BEACH, FL 33154

Title: TREA (X) Change () Addition
Name: WEINSTEIN, KATHLEEN
Address: 10175 COLLINS AVE 304
City-St-Zip: MIAMI BEACH, FL 33154

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

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

I hereby certify that the information supplied with this filing does not qualify 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

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date