

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010360

Entity Name: HARBOUR HOUSE (BAL HARBOUR) CONDOMINIUM ASSOCIATION, INC.**FILED**
Jan 31, 2014
Secretary of State
CC5051115153**Current Principal Place of Business:**HARBOUR HOUSE
10275 COLLINS AVE, MGMT OFFICE
BAL HARBOUR, FL 33154**Current Mailing Address:**HARBOUR HOUSE
10275 COLLINS AVE, MGMT OFFICE
BAL HARBOUR, FL 33154**FEI Number: 20-5664070****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KATZMAN GARFINKEL & BERGER
5297 W. COPANS RD.
MARGATE, FL 33063 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	VP
Name	RIPA, ANATOLY
Address	10275 COLLINS AVENUE, MGMT OFFICE
City-State-Zip:	BAL HARBOUR FL 33154

Title	DIRECTOR
Name	FEINGOLD, JASON
Address	10275 COLLINS AVENUE, MGMT OFFICE
City-State-Zip:	BAL HARBOUR FL 33154

Title	TREASURER
Name	KOGAN, SERGEI
Address	10275 COLLINS AVENUE, MGMT OFFICE
City-State-Zip:	BAL HARBOUR FL 33154

Title	SECRETARY
Name	FELDMAN, GERARDO A
Address	10275 COLLINS AVE, MGMT OFFICE
City-State-Zip:	BAL HARBOUR FL 33154

Title	PRESIDENT
Name	SCHERL, ALLEN
Address	10275 COLLINS AVE, MGMT OFFICE
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: ALLEN SCHERL**PRESIDENT****01/31/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date