

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N06000010360

**Entity Name:** HARBOUR HOUSE (BAL HARBOUR) CONDOMINIUM  
ASSOCIATION, INC.

**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 ROTHMAN, STACEY  
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**

**04/25/2014**

Electronic Signature of Signing Officer/Director Detail

Date