

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90061 028 ***150.00

DOCUMENT # 566459

1. Corporation Name

BRICKELL PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1901 BRICKELL AVE.
BOX D
MIAMI FL 33129

Mailing Address

1901 BRICKELL AVE.
BOX D
MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1978

4. FEI Number

59-1807939

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent Address

HYMAN, MICHAEL, ESQ.
44 WEST FLAGLER ST.
14 FLOOR COURTHOUSE TOWER
MIAMI FL 33130

81 Name **HYMAN, MICHAEL, ESQ.**

82 Street Address (P.O. Box Number is Not Acceptable)
150 West Flagler Street

83 **27th Floor**

84 City **Miami**

85 Zip Code
FL 33130

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature type: printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P MITCHELL, ROBBY**
STREET ADDRESS **1901 BRICKELL AVENUE**
CITY-ST-ZIP **MIAMI, FL 00000 33129**

TITLE ☐ DELETE
NAME **S RODRIGUEZ, LAURA**
STREET ADDRESS **1901 BRICKELL AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **D QUIROS, MAGDA**
STREET ADDRESS **1901 BRICKELL AVE**
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE ☐ DELETE
NAME **T BAKER, LINDA**
STREET ADDRESS **1901 BRICKELL AVE**
CITY-ST-ZIP **MIAMI, FL 00000 33129**

TITLE ☐ DELETE
NAME **D CAMPBELL, DOUGLAS**
STREET ADDRESS **1901 BRICKELL AVENUE**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☐ DELETE
NAME **VP SEMET, BARRY**
STREET ADDRESS **1901 BRICKELL AVENUE**
CITY-ST-ZIP **MIAMI FL 33129**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D Brown, Eileen**
1.3 STREET ADDRESS **1901 Brickell Avenue**
1.4 CITY-ST-ZIP **Miami, FL. 33129** ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Laura R. B. 1-11-99 (305) 854-5342

0183972

CR2E034 (1/98)