

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90165 035 \*\*\*150.00

**DOCUMENT # 566459**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062006

Chg-P

CR2E034 (11/05)

4. FEI Number

**59-1807939**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HYMAN, MICHAEL, ESQ.  
150 WEST FLAGLER STREET  
27TH FLOOR  
MIAMI, FL 33130**

7. Name and Address of New Registered Agent

Name **JOSEPH H. GARCIA 229**  
Street Address (P.O. Box Number is Not Acceptable)  
**ONE S.E. THIRD AVENUE**  
**SUITE 1820**  
City **MIAMI** FL Zip Code **33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SEMET, BARRY	
STREET ADDRESS	1901 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	S	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, LAURA	
STREET ADDRESS	1901 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEXER-BROWN, EILEEN	
STREET ADDRESS	1901 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAKER, LINDA	
STREET ADDRESS	1901 BRICKELL AVE	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACANGELO, NICK	
STREET ADDRESS	1901 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WYLER, BRUNO	
STREET ADDRESS	1901 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI, FL 33129	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Laura Rodriguez* secretary 4/10/06 305 854 5343