

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 566459

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: BRICKELL PLACE CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

1901 BRICKELL AVE.  
BOX D  
MIAMI, FL 33129

## New Principal Place of Business:

## Current Mailing Address:

1901 BRICKELL AVE.  
BOX D  
MIAMI, FL 33129

## New Mailing Address:

FEI Number: 59-1807939

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOSEPH H. GANGUZZA & ASSOCIATES, P.A.  
ONE SE THIRD AVE  
STE 2150  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

LAW OFFICE OF ALEXIS GONZALEZ, P.A.  
9755 SW 40TH TERRACE  
MIAMI, FL 33165 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: ALBERT E. ACUNA

04/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DE LEON, HELIO DR  
Address: 1865 BRICKELL AVE UNIT 2114  
City-St-Zip: MIAMI, FL 33129

Title: V ( ) Delete  
Name: SAGRERA, JUAN C  
Address: 1865 BRICKELL AVE UNIT 1810  
City-St-Zip: MIAMI, FL 33129

Title: S ( ) Delete  
Name: VIDAARAZAGA, RAIZA  
Address: 1865 BRICKELL AVE UNIT 906  
City-St-Zip: MIAMI, FL 33129

Title: T ( ) Delete  
Name: GONZALEZ, JORGE  
Address: 1865 BRICKELL AVE UNIT 401  
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete  
Name: RODRIGUEZ, LAURA  
Address: 1901 BRICKELL AVE UNIT 1812  
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete  
Name: QUINTERO, FRANK JR.  
Address: 1901 BRICKELL AVE UNIT 1712  
City-St-Zip: MIAMI, FL 33129

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DE LEON, HELIODORO DR  
Address: 1865 BRICKELL AVE UNIT 2114  
City-St-Zip: MIAMI, FL 33129

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

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. HELIODORO DE LEON

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date