

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 04 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 728081 (1)**  
 1. Corporation Name  
**BRICKELL BAY TOWER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1408 SE BAYSHORE DR. MIAMI FL 33131</b>	Mailing Address <b>1408 SE BAYSHORE DR. MIAMI FL 33131</b>
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3. Date Incorporated or Qualified  
**11/15/1973**

4. FEI Number  
**59-1521504**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

2. Principal Place of Business 21 <b>BRICKELL BAY TOWER</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>BRICKELL BAY TOWER</b> Suite, Apt. #, etc.
22 <b>1408 BRICKELL BAY DRIVE</b> City & State	27 <b>1408 BRICKELL BAY DRIVE</b> City & State
23 <b>MIAMI, FLORIDA</b> Zip	28 <b>MIAMI, FLORIDA</b> Zip
24 <b>33131</b> 25 <b>USA</b>	29 <b>33131</b> 30 <b>USA</b>

9. Name and Address of Current Registered Agent  
**DUTKOWSKY, ANDREW D**  
**1408 S.E. BAYSHORE DR.**  
**% MANAGEMENT OFFICE**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**1408 BRICKELL BAY DRIVE**

83

84 City **MIAMI** FL 85 Zip Code **33131**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAMORA, NELLY R. 1408 S. BAYSHORE DRIVE, #1211 MIAMI FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEWETT, ERNEST J. 1408 S. BAYSHORE DRIVE, #611 MIAMI FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANAYA, ROBERTO D. 1408 S. BAYSHORE DRIVE #407 MIAMI FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DBRAFMAN, HOWARD 1408 S.E. BAYSHORE DR., #411 MIAMI FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASALES, JORGE 1408 S.E. BAYSHORE DR. #1005 MIAMI FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANNER, RICHARD 1408 S. BAYSHORE DRIVE, #1008 MIAMI FL	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD KANNER, RICHARD 1408 BRICKELL BAY DRIVE, #1008 MIAMI, FLORIDA 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D CASTELLANO S, MARIA 2110 S.W. 24TH TERRACE MIAMI, FLORIDA 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nelly Zamora **NELLY ZAMORA**

CR2E037 (10/97)