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FILED

Mar 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 738880 (4)

1. Corporation Name

BRISAS DEL MAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

7705 ABBOTT AVENUE  
MIAMI BEACH FL 33141

Mailing Address

7705 ABBOTT AVENUE  
MIAMI BEACH FL 33141-2344

3. Date Incorporated or Qualified

04/29/1977

3a. Date of Last Report

04/25/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

4. FEI Number

65-0032169

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☒

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~RIEGL, RICHARD M  
REMCO MANAGEMENT, INCORPORATED  
420 LINCOLN RD, SUITE 437  
MIAMI BEACH FL 33139~~

81 Name

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

83

84 City

WALTER BARRIONUEVO

7705 Abbott Av

Miami Beach

FL

85 Zip Code

33141

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

*Walter Barrionuevo*

WALTER BARRIONUEVO, Secy-Treas

DATE

3/25/97

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

(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD  
BERGSON, HY  
7705 ABBOTT AVENUE  
MIAMI BCH, FL 00000☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD  
SEVITS, BERNA  
7705 ABBOTT AVENUE  
MIAMI BCH, FL 00000☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD  
GRAFF, SUE  
7705 ABBOTT AVE  
MIAMI BCH, FL 00000☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

STD  
BARRIONUEVO, WALTER  
7705 ABBOTT AVENUE  
MIAMI BEACH, FL 00000☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D  
ROMANOFF, NAT  
7705 ABBOTT AVE  
MIAMI BCH FL☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUE GRAFF

Date

3/25/97

Daytime Phone # 305 864 2963

CR2E037 (9/96)