

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741499

FILED
Jul 29, 2009
Secretary of State

Entity Name: BRICKELL SHORES CONDOMINIUM, INC.

Current Principal Place of Business:

BRICKELL SHORE CONDO
1440 BRICKELL BAY DR
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

1440 BRICKELL BAY DR
MIAMI, FL 33131

New Mailing Address:

FEI Number: 59-1946736 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EIRAS, JOSE M
1440 BRICKELL BAY DR.
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EIRAS, JOSE M
Address: 1440 BRICKELL BAY DRIVE
City-St-Zip: MIAMI, FL 33131

Title: TD () Delete
Name: GUTIERREZ, LEANDRO
Address: 1440 BRICKELL BAY DR
City-St-Zip: MIAMI, FL 33131

Title: DT () Delete
Name: FERNANDEZ DE CASTRO, MARILOLI
Address: 1440 BRICKELL BAY DR
City-St-Zip: MIAMI, FL 33131

Title: SD () Delete
Name: PEÑA, MARIA
Address: 1440 BRICKELL BAY DR
City-St-Zip: MIAMI, FL 33131

Title: VPD () Delete
Name: CORDOBA, ENRIQUE
Address: 1440 BRICKELL BAY DR
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SD (X) Change () Addition
Name: BETANCOURT, LIV
Address: 1440 BRICKELL BAY DR
City-St-Zip: MIAMI, FL 33131

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

SIGNATURE: JOSE M EIRAS

P

07/29/2009

Electronic Signature of Signing Officer or Director

_____ Date