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FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746394** (6)

1. Corporation Name

BRICKELL FOREST CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

**2410 BRICKELL AVENUE
MANAGER'S OFFICE
MIAMI FL 33129**

**2410 BRICKELL AVENUE
MANAGER'S OFFICE
MIAMI FL 33129-2462**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/22/1979

3a. Date of Last Report

04/17/1996

4. FEI Number

59-2057429

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

**SKRLD INC
201 ALHAMABRA CIRCLE
SUITE 1102
CORAL GABLES FL 33134**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **SEAGNE, ROBERT**
STREET ADDRESS **2420 BRICKELL AVE #106B**
CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☐ DELETE

NAME **BAILEY, HERBERT**
STREET ADDRESS **2400 BRICKELL AVE #101D**
CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ DELETE

NAME **MAHONEY, KATHLEEN**
STREET ADDRESS **2410 BRICKELL AVE #305C**
CITY-ST-ZIP **MIAMI FL**

TITLE **T** ☐ DELETE

NAME **PRITCHARD, DIONE**
STREET ADDRESS **2430 BRICKELL AVE. #108A**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **FORSTER, DONNA**
STREET ADDRESS **2400 BRICKELL AVE #102B**
CITY-ST-ZIP **MIAMI FL**

TITLE **S** ☐ DELETE

NAME **LINDSEY, DAVID**
STREET ADDRESS **2420 BRICKELL AVE. #1000B**
CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME **D Davila, Juan Vicente**
STREET ADDRESS **2420 Brickell Ave #314A**
CITY-ST-ZIP **Miami, FL 33129**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **D Alex Moreno**
5.3 STREET ADDRESS **2410 Brickell Ave**
5.4 CITY-ST-ZIP **Miami, FL 33129**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

Date

Daytime Phone # **0028656**

CR2E037 (9/96)