

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

**FILED**  
**Jan 27 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 # 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	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	29
		25	30

3. Date Incorporated or Qualified  
**03/22/1979**

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**

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

**9. Name and Address of Current Registered Agent**

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

**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

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)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DAVILA, JUAN VICENTE</b>
STREET ADDRESS	<b>2480 BRICKELL AVE, #304A</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>BAILEY, HERBERT</b>
STREET ADDRESS	<b>2400 BRICKELL AVE #101D</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>MAHONEY, KATHLEEN</b>
STREET ADDRESS	<b>2410 BRICKELL AVE #305C</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>PRITCHARD, DIONE</b>
STREET ADDRESS	<b>2430 BRICKELL AVE. #108A</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MORENO, ALEX</b>
STREET ADDRESS	<b>2410 BRICKELL AVE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:** \_\_\_\_\_ **1-16-98**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # \_\_\_\_\_

CR2E037 (10/97)