# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 02, 2006 8:00 am**
**Secretary of State**
02-02-2006 90035 013 ****70.00

DOCUMENT # 746394

1. Entity Name
BRICKELL FOREST CONDOMINIUM, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2410 BRICKELL AVENUE<br>MANAGER'S OFFICE<br>MIAMI, FL 33129 | ~~C/O THE CONTINETAL GROUP, INC~~<br>~~11981 SW 141 CT, SUITE 201~~<br>~~MIAMI, FL 33186~~ |

01052006 Chg-NP CR2E037 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| | M & E Associates of Miami |
| Suite, Apt. #, etc. | Suite, Apt. #, etc.<br>13055 SW 42 ST, Suite 203 |
| City & State | City & State<br>Miami, FL |
| Zip / Country | Zip / Country<br>33175 |

4. FEI Number
59-2057429
☐ Applied For
☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SKRLD, INC.<br>201 ALHAMBRA CIRCLE, SUITE 1102<br>CORAL GABLES, FL 33134 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>AYONA, ROBERT<br>2410 BRICKELL AVENUE # 107 C<br>MIAMI, FL 33129 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Herbert J. Bailey<br>2400 Brickell Av. #101-D<br>Miami, FL 33129 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>PAILLOTT, LUIS<br>2410 BRICKELL AVE #107C<br>MIAMI, FL 33129 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Jacquelyn Alschuler<br>2400 Brickell Av. #104-A<br>Miami, FL 33129 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>SIA, SMILIE<br>2420 BRICKELL AVENUE #305-B<br>MIAMI, FL 33129 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>Emilie Sia<br>2400 Brickell Av. #303-B<br>Miami, FL 33129 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Herbert J Bailey 1-26-06 3058560376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #