

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 748992 (5)
 1. Corporation Name

BRICKELL TOWN HOUSE ASSOCIATION, INC.



| | |
|---|---|
| Principal Place of Business 2451 BRICKELL AVENUE MIAMI FL 33129 | Mailing Address 2451 BRICKELL AVENUE MIAMI FL 33129 |
|---|---|

| | | |
|--|---|--|
| 3. Date Incorporated or Qualified 09/19/1979 | | |
| 4. FEI Number 59-1976116 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |

9. Name and Address of Current Registered Agent

**KALLICHE, ANTHONY A. ESO.
 BECKER POLIAKOFF & STREITFELD, P.A.
 8161 BLUE LAGOON DR., STE. 250
 MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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 reinstalling) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|---|---|
| TITLE PD | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME OTAZU, PASQUAL | | 1.2 NAME | |
| STREET ADDRESS 2451 BRICKELL AVE. #14-G | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP MIAMI FL 33129 | | 1.4 CITY-ST-ZIP | |
| TITLE VPD | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME RODRIGUEZ, JOSE | | 2.2 NAME | |
| STREET ADDRESS 2451 BRICKELL AVE. #20K | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP MIAMI FL 33129 | | 2.4 CITY-ST-ZIP | |
| TITLE TD | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME RYDER, WILLIAM | | 3.2 NAME | |
| STREET ADDRESS 2451 BRICKELL AVE. STE 20A | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP MIAMI FL | | 3.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME REY, ALEX | | 4.2 NAME | |
| STREET ADDRESS 2451 BRICKELL AVE #10H | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP MIAMI FL 33129 | | 4.4 CITY-ST-ZIP | |
| TITLE S | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME TAYLOR, DOROTHY DR | | 5.2 NAME | |
| STREET ADDRESS 2451 BRICKELL AVENUE #5J | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP MIAMI, FL. 33129 | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: _____ Date: **4-9-98**

CR2E037 (10/97)