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Mar 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750157 (0)
1. Corporation Name
BRICKELL HARBOUR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
111 FONTAINEBLEAU BLVD.
MIAMI FL 33172-1507 111 FONTAINEBLEAU BLVD.
MIAMI FL 33172-4507

3. Date Incorporated or Qualified 12/11/1979 3a. Date of Last Report 02/20/1996

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

4. FEI Number 59-1999030 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BREITNER, PAUL D.
801 BRICKELL AVE.
STE 1901
MIAMI FL 33131

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D-DVP
NAME ZION, FRAN
STREET ADDRESS 200 SE 15 RD 10-B
CITY-ST-ZIP MIAMI FL

1.1 TITLE DVP
1.2 NAME ZION, FRAN
1.3 STREET ADDRESS 200 SE 15 RD 10-B
1.4 CITY-ST-ZIP MIAMI, FL 33129

TITLE PD-D
NAME MURPHY, PATRICK
STREET ADDRESS 200 SE 15TH RD 16-C
CITY-ST-ZIP MIAMI FL

2.1 TITLE D
2.2 NAME MURPHY, PATRICK
2.3 STREET ADDRESS 200 SE 15 RD 16-C
2.4 CITY-ST-ZIP MIAMI, FL 33129

TITLE D
NAME RYDER, ROBERT
STREET ADDRESS 200 SE 15TH ROAD, 3-H
CITY-ST-ZIP MIAMI FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DS
NAME LEHNER, ROBERT J.
STREET ADDRESS 200 SE 15TH RD 4-C
CITY-ST-ZIP MIAMI FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DVP DPRES
NAME CASEY, DONALD C.
STREET ADDRESS 200 SE 15TH RD PH-C
CITY-ST-ZIP MIAMI FL

5.1 TITLE DPRES
5.2 NAME CASEY, DONALD C.
5.3 STREET ADDRESS 200 SE 15 RD PH-C
5.4 CITY-ST-ZIP MIAMI, FL 33129

TITLE DT
NAME ARCHER, BERTIE EDMOND D.
STREET ADDRESS 200 SE 15 ROAD PH-B
CITY-ST-ZIP MIAMI FL

6.1 TITLE DT
6.2 NAME ARCHER, EDMOND D.
6.3 STREET ADDRESS 200 SE 15 RD PH-B
6.4 CITY-ST-ZIP MIAMI, FL 33129

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] 2/24/97 705-285-0957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0032527

CR2E037 (9/96)