FILE NOW: FILING FEE IS $61.25

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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 — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 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

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~ DVP	☐ DELETE	1.1 TITLE	DVP	☒ Change ☐ Addition
NAME	ZION, FRAN		1.2 NAME	ZION, FRAN	
STREET ADDRESS	200 SE 15 RD 10-B		1.3 STREET ADDRESS	200 SE 15 RD 10-B	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	~~PD~~ D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	MURPHY, PATRICK		2.2 NAME	MURPHY, PATRICK	
STREET ADDRESS	200 SE 15TH RD 16-C		2.3 STREET ADDRESS	200 SE 15 RD 16-C	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RYDER, ROBERT		3.2 NAME		
STREET ADDRESS	200 SE 15TH ROAD, 3-H		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LEHNER, ROBERT J.		4.2 NAME		
STREET ADDRESS	200 SE 15TH RD 4-C		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	~~DVP~~ DPRES	☐ DELETE	5.1 TITLE	DPRES	☒ Change ☐ Addition
NAME	CASEY, DONALD C.		5.2 NAME	CASEY, DONALD C.	
STREET ADDRESS	200 SE 15TH RD PH-C		5.3 STREET ADDRESS	200 SE 15 RD PH-C	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	DT	☐ DELETE	6.1 TITLE	DT	☒ Change ☐ Addition
NAME	ARCHER, ~~BERDIE~~ EDMOND D.		6.2 NAME	ARCHER, EDMOND D.	
STREET ADDRESS	200 SE 15 ROAD PH-B		6.3 STREET ADDRESS	200 SE 15 RD PH-B	
CITY-ST-ZIP	MIAMI ~~LF~~ FL		6.4 CITY-ST-ZIP	MIAMI, FL 33129	

CR2E037 (9/96)

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: Edmond Archer REQUIRED 2/24/97 305.285.0957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0032527