


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90078 007 \*\*\*\*61.25

<b>DOCUMENT # 765043</b> 1. Entity Name <b>BIRMGROVE TOWNHOUSES CONDOMINIUM, INC.</b>					
Principal Place of Business <b>CAPITAL DEV AND INVESTMENT CORP. 2150 CORAL WAY, SIXTH FLOOR MIAMI, FL 33145</b>			Mailing Address <b>CAPITAL DEV AND INVESTMENT CORP. 2150 CORAL WAY, SIXTH FLOOR MIAMI, FL 33145</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number <b>65-0504654</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SMITH, GARY V ESQ. 1230 NW 7TH STREET MIAMI, FL 33125</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SOUCY, MELISSA</b>		NAME		
STREET ADDRESS	<b>C/O 2150 CORAL WAY 6TH FL</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33145</b>		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LOVIO, HECTOR</b>		NAME		
STREET ADDRESS	<b>% 2150 CORAL WAY, 6TH FLOOR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33145</b>		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>MURRAY, DAVID</b>		NAME	<b>VD BONNELL STEPHEN</b>	
STREET ADDRESS	<b>2150 CORAL WAY 6TH FL</b>		STREET ADDRESS	<b>2150 CORAL WAY #6</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33145</b>		CITY-ST-ZIP	<b>MIAMI, FL 33145</b>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ERDELL, ERICK</b>		NAME		
STREET ADDRESS	<b>2150 CORAL WAY 6TH FL</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33145</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Hector Lovio</i> <b>1/6/06 305-858-5620</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					