

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2008 8:00 am
Secretary of State

04-09-2008 90027 031 ****61.25

DOCUMENT # N03000009618 1. Entity Name BRICKELL VIEW CONDOMINIUM ASSOCIATION, INC.	
--	---

Principal Place of Business 126 SW 17 RD MIAMI, FL 33129	Mailing Address PO BOX 11022 MIAMI, FL 33101 US
--	---

DO NOT WRITE IN THIS SPACE

66011007



03242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 22-3898759	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**ABREU, EDOSEL
126 SW 17 RD
SUITE 309
MIAMI, FL 33129**

**DO NOT WRITE
IN THIS SPACE**

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 *Edsel Abreu* **Edsel Abreu** 3/24/08
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZOHRER, JAIME PO BOX 11022 MIAMI, FL 33101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FEISST, TOBIAS PO BOX 11022 MIAMI, FL 33101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABREU, EDOSEL PO BOX 11022 MIAMI, FL 33101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Edsel Abreu* **Edsel Abreu** 4/29/08 (305) 281-2517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #