

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90061 009 \*\*\*\*61.25

<b>DOCUMENT # N04000009596</b> 1. Entity Name <b>SKYLINE ON BRICKELL CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1548 BRICKELL AVE FIRST FLOOR MIAMI, FL 33129</b>			Mailing Address <b>1548 BRICKELL AVE FIRST FLOOR MIAMI, FL 33129</b>		
2. Principal Place of Business <b>800 Brickell Avenue</b> Suite, Apt. #, etc. <b>Suite 310</b> City & State <b>Miami, FL</b> Zip <b>33131</b>		3. Mailing Address <b>800 Brickell Avenue</b> Suite, Apt. #, etc. <b>Suite 310</b> City & State <b>Miami, FL</b> Zip <b>33131</b>		03072005 Chg-NP CR2E037 (10/03)	
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>84-1658939</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CFRA, LLC 4221 W BOY SCOUT BLVD TAMPA, FL 33607</b>			7. Name and Address of New Registered Agent Name <b>Brian P. Tague, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>c/o Tew Cordenas LLP</b> <b>1441 Brickell Avenue, 15th Floor</b> City <b>Miami</b>		
FL Zip Code <b>33131</b>			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)</small>			DATE <b>3/14/05</b>		
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MONROE, EVANGELINE <input type="checkbox"/> Delete 1548 BRICKELL AVE FIRST FLOOR MIAMI, FL 33129				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SOARES, MARCUS <input checked="" type="checkbox"/> Delete 1548 BRICKELL AVE FIRST FLOOR MIAMI, FL 33129				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CARRILLO, ORLANDO <input type="checkbox"/> Delete 1548 BRICKELL AVE FIRST FLOOR MIAMI, FL 33129				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Channing, Melissa <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 800 Brickell Avenue, Suite 310 Miami, FL 33131				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. 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 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:  - <b>Melissa Channing, Vice President</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
DATE <b>4/15/05</b>					
DAYTIME PHONE # <b>(781) 470-3267</b>					

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