


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90102 050 \*\*\*\*61.25

<b>DOCUMENT # N05000010384</b>					
1. Entity Name <b>BRIELLA NO. 3 CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 10320 TRIVERO TERR BOYNTON BEACH, FL 33437		Mailing Address 10320 TRIVERO TERR BOYNTON BEACH, FL 33437			
2. Principal Place of Business		3. Mailing Address			
<b>G.R.S. MANAGEMENT ASSOCIATES, INC.</b> 3900 WOODLAKE BLVD. SUITE 309 LAKE WORTH, FL 33463		<b>G.R.S. MANAGEMENT ASSOCIATES, INC.</b> 3900 WOODLAKE BLVD. SUITE 309 LAKE WORTH, FL 33463		02162006 Chg-NP CR2E037 (11/05)	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FLETCHER, PATRICIA K 200 S BISCAYNE BLVD SUITE 3400 MIAMI, FL 33437			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARGLOLIS, STEPHEN	NAME			
STREET ADDRESS	825 CORAL RIDGE DR	STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GLUCKMAN, NICHOLAS	NAME			
STREET ADDRESS	825 CORAL RIDGE DR	STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	CITY-ST-ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOMEZ, ALBERT	NAME			
STREET ADDRESS	825 CORAL RIDGE DR	STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	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			
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 for all other like empowered.					
SIGNATURE: _____			Date _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 954-344-8040		