


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90056 010 ****61.25

DOCUMENT # N05000010391					
1. Entity Name BRIELLA NO. 1 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O GRS MANAGEMENT ASSCS, INC. 3900 WOODLAKE BLVD, STE 309 LAKE WORTH, FL 33463		Mailing Address C/O GRS MANAGEMENT ASSCS, INC. 3900 WOODLAKE BLVD, STE 309 LAKE WORTH, FL 33463			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 03202008 Chg-NP CR2E037 (12/06) 20-3795367	
				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		
JEFFREY R. MARGOLIS, P.A. C/O DUANE MORRIS LLP 200 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGOLIS, STEPHEN		NAME		
STREET ADDRESS	825 CORAL RIDGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE	DST	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METZKES, MICHAEL		NAME		
STREET ADDRESS	825 CORAL RIDGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACKMAN, SCOTT		NAME		
STREET ADDRESS	825 CORAL RIDGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Guardino, Dominic	
STREET ADDRESS			STREET ADDRESS	709 Briella Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE		<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Morales, Alice	
STREET ADDRESS			STREET ADDRESS	2414 Briella Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE		<input type="checkbox"/> Delete	TITLE	FSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Hunter, Valerie	
STREET ADDRESS			STREET ADDRESS	7390 Briella Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Boynton Beach, FL 33437	
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 another like empowered.					
SIGNATURE: _____			_____ Signature and Typed or Printed Name of Signing Officer or Director		
			Date: 4/07/08 Daytime Phone #: 561-510-1586		