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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34786

1. Corporation Name

BRICKELL FOREST ESTATES CONDOMINIUM ASSOCIATION,
INC.

Principal Place of Business

2403 S MIAMI AVE
MIAMI FL 33129
US

Mailing Address

2403 S MIAMI AVE
MIAMI FL 33129
US



100377-90028-35



2. Principal Place of Business

21 2401 S Miami Ave
Suite, Apt. #, etc.
22 Miami FL

2a. Mailing Address

26 2401 S Miami Ave
Suite, Apt. #, etc.
27 Miami FL

3. Date Incorporated or Qualified

10/19/1989

4. FEI Number

65-0150880

Applied For

Not Applicable

23 City & State
33129 US

28 City & State
33129 US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country
25

29 Zip Country
30

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PATRICIO SUAREZ
2403 S MIAMI AVE
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name William H. Banachs
82 Street Address (P.O. Box Number is Not Acceptable)
2407 S Miami Avenue
83
84 City Miami FL 85 Zip Code 33129

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed of registered agent and title if applicable.

William H. Banachs

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	DINTER, HEINZ	2401 S. MIAMI AVE.	MIAMI FL	<input type="checkbox"/>
PD	SUAREZ, PATRICIO	2403 S. MIAMI AVENUE	MIAMI FL	<input checked="" type="checkbox"/>
D	LOVE, MILDRED A.	2411 S. MIAMI AVE.	MIAMI FL	<input type="checkbox"/>
D	BANCHS, WILLIAM	2407 S. MIAMI AVE.	MIAMI FL	<input type="checkbox"/>
D	BARBEE, ROY	2405 S. MIAMI AVE	MIAMI FL	<input type="checkbox"/>
D	BARRATT, PETER	2409 S. MIAMI AVE.	MIAMI FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-2-99 859-9652

CR2E037 (11/98)