NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State
09-19-2002 90156 002 ****61.25

DOCUMENT # N99000003737

1. Entity Name

Brickell Roads Townhouse Condo Association

B0139449

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
240 SW 15TH Rd	240 SW 15TH Rd
Suite, Apt. #, etc. #112	Suite, Apt. #, etc. 112
City & State Miami	City & State Miami
Zip 33129 Country USA	Zip 33129 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0984565 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Heather C Trojan

Street Address (P.O. Box Number is Not Acceptable): 240 SW 15TH Rd #112

City: Miami, FL Zip Code: 33129

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.

SIGNATURE: Heather C Trojan, Heather C Trojan, President 15 Sep 02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P, T, D
NAME	Heather C. Trojan
STREET ADDRESS	240 SW 15TH Rd #112
CITY-ST-ZIP	Miami, FL 33129
TITLE	VP, D
NAME	Heather McDonagh
STREET ADDRESS	240 SW 15TH Rd #101
CITY-ST-ZIP	Miami FL 33129
TITLE	S, D
NAME	Jennifer Pfordergast
STREET ADDRESS	240 SW 15TH Rd #108
CITY-ST-ZIP	Miami FL 33129
TITLE	D
NAME	Rodrigo Carrillo
STREET ADDRESS	240 SW 15TH Rd #106
CITY-ST-ZIP	Miami FL 33129
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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Heather C Trojan Heather C. Trojan, President 15Sep02 305 6580182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #