# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 06, 2004**
**Secretary of State**

DOCUMENT# N38073

**Entity Name:** BRICKELL HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

145 SE 25TH RD
SUITE 1002
MIAMI, FL 331292438 US

**New Principal Place of Business:**

**Current Mailing Address:**

145 SE 25TH RD
SUITE 1002
MIAMI, FL 331292438 US

**New Mailing Address:**

**FEI Number: 65-0198700** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACOBS, T, SINCLAIR
145 SE 25TH RD
SUITE 1002
MIAMI, FL 331292438 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | PD | ( ) Delete |
| Name: | JACOBS, T. SINCLAIR, | |
| Address: | 145 SE 25TH RD STE 1002 | |
| City-St-Zip: | MIAMI, FL 331292438 | |
| Title: | VD | ( ) Delete |
| Name: | PANJABI, VEENA | |
| Address: | 1541 BRICKELL AVENUE | |
| City-St-Zip: | MIAMI, FL 33129 | |
| Title: | TD | ( ) Delete |
| Name: | MININBERG, NORMAN | |
| Address: | 1901 BRICKELL AVE, #1812 | |
| City-St-Zip: | MIAMI, FL 33129 | |
| Title: | D | ( ) Delete |
| Name: | BAILEY, HERBERT | |
| Address: | 2400 BRICKELL AVENUE | |
| City-St-Zip: | MIAMI, FL 33129 | |
| Title: | SD | ( ) Delete |
| Name: | SELIGMAN, MAC | |
| Address: | 2451 BRICKELL AVE | |
| City-St-Zip: | MIAMI, FL 33129 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: T. SINCLAIR JACOBS DP 01/06/2004

Electronic Signature of Signing Officer or Director — Date