2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2005 8:00 am Secretary of State

DOCUMENT # 748992 1. Entity Name BRICKELL TOWN HOUSE ASSOCIATION, INC.									01-31-20	005 90073	5 018 ****(51.25	
Principal Place of Business 2451 BRICKELL AVENUE MIAMI, FL 33129			2451 B	Mailing Address 2451 BRICKELL AVENUE MIAMI, FL 33129				50008683					
2. Principal Place of Business			9 Mailin	3. Mailing Address									
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Suite, Apt. #, etc.			Suite, Apt. #, etc.				İ	01122005	Chg-NP	CR2E	037 (10/03)		
City & State			City & State				4. FEI Number Applied For 59-1976116 Not Applicable						
Zip Country			Zip Co			ıtry	5. Certificate of Status Desired See Required Fee Required				litional		
6: Name and Address of Current Regist			t Registered	ed Agent				7. Name and Address of New Registered Agent					
LACHTERMAN, STEVEN J ESQ						Name							
848 BRICKELL AVENUE						Street Address (P.O. Box Number is Not Acceptable)							
SUITE 780 MIAMI, FL 33131													
						City				FI	Zip Code	э	
8. The above	named entity	submits this statement	for the purpos	e of changing its	registered	deffice or	registere	ed agent, or bot	th, in the State o		<u> </u>	and accept	
the obligat	tions of registe	red agent.	~								,		
SIGNATURE .		Λυ	<u>><</u>		>			 	 .	<u> </u>	2/05		
	Signature, typed o	r printed name of registe ed age	nt and title if applica	ible. (NOTI	E: Registered .	Agent signatur	re required v	when reinstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May B Added to Fees					
10.	1	OFFICERS AND D	IRECTORS		11.				111050 70 055				
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP 2151 Brickell Av. Miami, E33129

SIGNATURE: _

STREET ADDRESS

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

127/01 (305)814-11V2