


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90182 020 ****61.25

DOCUMENT # N03000009618 1. Entity Name BRICKELL VIEW CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 126 SW 17 ROAD MIAMI, FL 33129			Mailing Address THE CONTINENTAL GROUP, INC. 900 BRICKELL VIEW 11951 SW 114th Ct. Suite 201 MIAMI, FL 33186		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		50023631	
City & State		City & State		4. FEI Number 22-3898759	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAIME ZOHRER 126 SW 17 RD #201 MIAMI, FL 33129				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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: <u>Jaime Zohrer</u> JAIME ZOHRER, PRESIDENT 03/03/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, OMAR A 701 BRICKELL AVENUE #2280 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ZOHRER, JAIME 126 SW 17 RD # 201 MIAMI, FL 33129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOSCHETTI, LUIS 2901 SW 8 STREET #204 MIAMI, FL 33135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GABRIEL TALTON 126 SW 17 ROAD # 609 MIAMI, FL 33129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOSCHETTI, JOSE 2901 SW 8 STREET #204 MIAMI, FL 33135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. EDSEL ABREU 126 SW 17 RD. #309 MIAMI, FL 33129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: <u>Jaime Zohrer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03/03/05 305 860 4002 <small>Date Daytime Phone #</small>		