

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90105 015 ****61.25

DOCUMENT # N05000001558					
1. Entity Name VUE AT BRICKELL CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1200 S MIAMI AVE MIAMI, FL 33130			Mailing Address 1200 S MIAMI AVE MIAMI, FL 33130		
2. Principal Place of Business 1250 South Miami AVE		3. Mailing Address 1250 South Miami AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 20-2348176	
Zip 33130		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BIRDMAN, LOUIS 307 SOUTH 21 AVE HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name: Mars, Gary M, Esq Street Address (P.O. Box Number is Not Acceptable) HYMAN, SPECTOR + MARS, LLC. 150 West Flagler ST suite 2701 City: MIAMI FL Zip Code: 33130		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> DATE 1/26/06 </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE PD	NAME BIRDMAN, LOUIS	<input checked="" type="checkbox"/> Delete			
STREET ADDRESS 307 SOUTH 21ST AVE					
CITY-ST-ZIP HOLLYWOOD, FL 33020					
TITLE VD	NAME EISNER, NEIL	<input checked="" type="checkbox"/> Delete			
STREET ADDRESS 307 SOUTH 21ST AVE					
CITY-ST-ZIP HOLLYWOOD, FL 33020					
TITLE STD	NAME HIRSCH, HERBERT	<input checked="" type="checkbox"/> Delete			
STREET ADDRESS 307 SOUTH 21ST AVE					
CITY-ST-ZIP HOLLYWOOD, FL 33020					
TITLE 	NAME 	<input type="checkbox"/> Delete			
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	NAME 	<input type="checkbox"/> Delete			
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	NAME 	<input type="checkbox"/> Delete			
STREET ADDRESS 					
CITY-ST-ZIP 					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE PD	NAME Virginia Garcia	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS 1250 South Miami AVE					
CITY-ST-ZIP MIAMI, FL 33130					
TITLE VP/TO	NAME Patrick Quinlivan	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS 1250 South Miami AVE					
CITY-ST-ZIP MIAMI, FL 33130					
TITLE SD	NAME Manuel Duarte	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS 1250 South Miami AVE					
CITY-ST-ZIP MIAMI, FL 33130					
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS 					
CITY-ST-ZIP 					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 1-25-06. 305-372-2337					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					