2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



Apr 17, 2006 8:00 am Secretary of State

FILED

	DOCUMENT # N0400005367 1. Entity Name JADE RESIDENCES AT BRICKELL BAY CONDOMINIUM ASSOCIATION, INC.					04-1	17-2006	90412 005	****70.0	00
	Principal Place 1331 BRICKE MIAMI, FL 33	ILL BAY DRIVE	Mailing Address 1331 BRICKELL BAY D MIAMI, FL 33131	RIVE				50()1282	22
l							III 86W 86W 9	611 ION ION G		
2. Principal Place of Business		ace of Business	3. Mailing Address							
I	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01202006 Chg	-NP	CR2E037	7 (11/05)	
	City & State		City & State			4. FEI Number 20-1179617	,			plied For
ļ	Zip	Country	Zip	Country		5. Certificate of Stat	us Desired		8.75 Add	litional
İ		6. Name and Address of Current I	Registered Agent			7. Name and Addre	ss of New	Registered A	gent	
İ	CHORON,	RONALD		Name	6	"ILVIA	E.	ERR	-0	
1	1300 BRIC MIAMI, FL	KELL BAY DRIVE 33131		Street A	ddress (P.O. Box Number is No	ot Acceptab	ole)	1	
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l	.=			City	M	cami		<pre> FL </pre>	Zip Code	3131
ı		named entity submits this statement for			-					
l		ons of registered agent.	the purpose of changing its	registered office o	rregister	red agent, or both, in tr	ne State of F	-lorida. I am ta	ımiliar with,	and accept
	the obligati		// /	- -	7	_	/		miliar with, カルビ	and accept
			Luo Propie	Ty Mu	nage	v t	/	Uary DAY	miliar with,	1 2006
	the obligati	ons of registered agent.	nd title if applicable. (NOT	E: Repistered Agent signa	K LAL	d when reinstating)	Jan	Uary DAY Make check	20 ⁺ L	12006
	the obligati	ons of registered agent. Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2006	9. Election Car Trust Fund (E: Febistered Agent signa mpalgn Financing Contribution.	ture recorded	\$5.00 May Be Added to Fees	fan Fle	CLATY DAY Make check prida Departe	payable to	/ 2006
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP