



2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 752191 1. Entity Name BRICKELL MAR CONDOMINIUM ASSOCIATION, INC.						FILED 06 MAY 30 AM 11:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2201 BRICKELL AVE. MIAMI, FL 33129				Mailing Address <i>C/O The Continental Properties</i> 2201 BRICKELL AVE. 11981 S.W. 114th St. BOX #100 Suite #301 MIAMI, FL 33129 Miami, FL 33186			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SKRLD, INC. 201 ALHAMBRA CIRCLE, SUITE 1102 CORAL GABLES, FL 33134				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25		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	VP ROSEN, ANN 2201 BRICKELL AVE #77 MIAMI, FL 33129 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Terry Eggen</i> 2201 Brickell Ave #25 Miami, FL 33129 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, MARGOT 2201 BRICKELL AVE #70 MIAMI, FL 33129 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Steve Schmalz</i> 2201 Brickell Ave #14 Miami, FL 33129 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IGLESIAS, JORGE 2201 BRICKELL AVE 382 MIAMI, FL 33129 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Ph/7</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, AUGUSTO 2201 BRICKELL AVE #84 MIAMI, FL 33129 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	000075969430 06/08/06--01004--014 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SIMPSON, DOLORES 2201 BRICKELL AVE #30 MIAMI, FL 33129 <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	D ASCARI, NICOLETA 2201 BRICKELL AVE #26 MIAMI, FL 33129 <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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <i>5/08/06</i> 305-285-4388 <small>Daytime Phone #</small>			