## 2007 NOT-EOD-DDOELT CODDODA

## FILED Jan 19, 2007 8:00 am Secretary of State

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # N04000005367 01-19-2007 90026 024 \*\*\*\*70.00 1. Entity Name JADE RESIDENCES AT BRICKELL BAY CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1331 BRICKELL BAY DRIVE 1331 BRICKELL BAY DRIVE 50000753 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01022007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 20-1179617 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ERRO, SILVIA E 1331 BRICKELL BAY DR #200 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33131 Zip Code 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 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition IVANS, RICHARD B NAME NAME 1331 BRICKELL BAY DR #1709 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP VD Delete TITLE TITLE ☐ Change ☐ Addition YANEZ, MANUEL NAME NAME STREET ADDRESS 1331 BRICKELL BAY DR #3511 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIE TITLE ☐ Delete ☐ Change ☐ Addition CODINA-BARLICK, ANA MARIE NAME NAME STREET ADDRESS 1331 BRICKELL BAY DR #1609 STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition woodyer, Giles WOODYER, GILES NAME 1331 Brichell Bay Drive #1909 1331 BRICKELL BAYDRIVE #1909 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Hiami, FL 33131 CITY-ST-ZIP Miaur, FL 33131 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 of trustee ampowered 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.