

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90056 043 ****61.25

DOCUMENT # 725288 1. Entity Name BRICKELL BAY CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O PAUL LEWIN 2333 BRICKELL AVE. MIAMI, FL 33129 US			Mailing Address C/O PAUL LEWIN 2333 BRICKELL AVE. MIAMI, FL 33129 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1660037	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROGEL, DAVID C/O BECKER & POLIAKOFF, P.A. 5201 BLUE LAGOON DR., STE 100 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		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 LEWIN, PAUL 2333 BRICKELL AVE 2802 MIAMI, FL 33129 <i>Change TITLE</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVANS, PETER 2333 Brickell Avenue # 1005 Miami, FL 33129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EVANS, PETER 2333 BRICKELL AVE 1005 MIAMI, FL 33129 <i>Change TITLE</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE VILLEGAS, ROBERTO 2333 Brickell Avenue # 1116 Miami, FL 33129 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEWIN, PAUL 2333 BRICKELL AVE, # 2802 MIAMI, FL 33129 <i>Change TITLE</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MERSEL, STACEY 2333 Brickell Avenue # 2507 Miami, FL 33129 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SOTO, TONY 2333 BRICKELL AVE., #711 MIAMI, FL 33129 <i>Change TITLE</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CHAN, AGUSTIN 2333 Brickell Avenue # 310 Miami, FL 33129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EVANS, PETER 2333 BRICKELL AVE, # 1005 MIAMI, FL 33129 <i>Change TITLE</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ESTAY, JULIO 2333 Brickell Avenue # 1101 Miami, Florida 33129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT DE CARDENAS, SILVIO 2333 BEICKELL AVE., #1911 MIAMI, FL 33129 <i>Change TITLE</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Lewin, Paul 2333 Brickell Avenue # 2802 <input checked="" 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 11B, 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>Paul Lewin as Treasurer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

ATTACHMENT

40117108
~~#~~ 225288

ADDITIONAL LIST FOR
2007 NOT _FOR_PROFIT CORPORATION ANNUAL REPORT

TITLE AT
NAME DE CARDENAS, SILVIO
ADDRESS 2333 BIRKCKELL AVENUE # 1905
Miami, Fl. 33129

TITLE D
NAME OFFEN, GRAZIELLA
ADDRESS 2333 BRICKELL AVENUE #1405
Miami, Fl. 33129

TITLE D
NAME MONTANER, ERNESTO
ADDRESS 2333 BRICKELL AVENUE # PH-202
Miami, Florida 33129

NEW DIRECTOR


SIGNATURE OF OFFICER