


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000005367	
1. Entity Name JADE RESIDENCES AT BRICKELL BAY CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1331 BRICKELL BAY DRIVE MIAMI, FL 33131	Mailing Address 1331 BRICKELL BAY DRIVE MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1179617	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ERRO, SILVIA E 1331 BRICKELL BAY DR #200 MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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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: *Silvia E. Erro* DATE: 1-8-08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	000000788395 01/18/08-80039-013 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IVANS, RICHARD B 1331 BRICKELL BAY DR #1709 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAEZ, GUSTAVO 1331 BRICKELL BAY DRIVE, #4707 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DIEZ, FELIPE 1331 BRICKELL BAY DRIVE, #2202 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: <u><i>icy to</i></u> DATE: <u>01/08/08</u>	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	