



FILED
Apr 09, 2008 8:00 am
Secretary of State

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DOCUMENT # 752191				04-09-2008 90036 021 ****61.25	
1. Entity Name BRICKELL MAR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2201 BRICKELL AVE. MIAMI, FL 33129		Mailing Address C/O THE CONTINENTAL GROUP INC. 11981 SW 114TH CT, STE #201 MIAMI, FL 33186			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03252008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2033496	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSEN, ANN		NAME	HALGOWICH, JERRI	
STREET ADDRESS	2201 BRICKELL AVE #77		STREET ADDRESS	2201 BRICKELL AVE #37	
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IZQUIERDO, TERRY		NAME	SANFILIPPO, VINCENT	
STREET ADDRESS	2201 BRICKELL AVE #25		STREET ADDRESS	2201 BRICKELL AVE #12	
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IGLESIAS, JORGE		NAME		
STREET ADDRESS	2201 BRICKELL AVE #82		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ, AUGUSTO		NAME	TAYLOR, MARGO	
STREET ADDRESS	2201 BRICKELL AVE #84		STREET ADDRESS	2201 BRICKELL AVE #70	
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	SECRETARY	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, DOLORES		NAME		
STREET ADDRESS	2201 BRICKELL AVE #30		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMARO, STEVE		NAME	ANDREU, GIRSI	
STREET ADDRESS	20 W SUNRISE AVE		STREET ADDRESS	2201 BRICKELL AVE #95	
CITY-ST-ZIP	CORAL GABLES, FL 33133		CITY-ST-ZIP	MIAMI, FL 33129	
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: _____		4/01/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			