

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90116 047 \*\*\*\*61.25

**DOCUMENT # N99000003737**

**1. Entity Name**  
**BRICKELL ROADS TOWNHOUSE CONDOMINIUM  
ASSOCIATION, INC.**



**Principal Place of Business**  
240 SW 15TH RD  
103  
MIAMI, FL 33129 US

**Mailing Address**  
S.P.M. GROUP, INC.  
2200 NW 102 AVE #5  
MIAMI, FL 33129 US

**2. Principal Place of Business - No P.O. Box #**

240 SW 15 RD

**3. Mailing Address**

240 SW 15 RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#102

#102

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33129

USA

33129

USA

04212008 Chg-NP CR2E037 (12/06)

**4. FEI Number**  
65-0984565

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

LINDIE, BETH P.A.  
315 SE 7 ST #300  
FORT LAUDERDALE, FL 33301

**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**

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUERRA, CRISTINA 240 S.W. 15TH RD.#103 MIAMI, FL 33129	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOTIC, IVANKA 240 SW 15TH RD 109 MIAMI, FL 33129	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DELGUERCIO, KAREN 240 SW 15TH RD #104 MIAMI, FL 33129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEMP, JEFFREY 240 SW 15TH RD #105 MIAMI, FL 33129	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JUDY MARTINEZ 240 SW 15 RD #102 MIAMI, FL 33129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Catalina Martinez 240 SW 15 RD #101 MIAMI, FL 33129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAREN DELGUERCIO 240 SW 15 RD #104 MIAMI, FL 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOSETTE CHANOLER 240 SW 15 RD #107 MIAMI, FL 33129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** Judy Martinez - Treasurer

4/22/08

305-986-4037