2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2009
Secretary of State

DOCUMENT# N03000009618

Entity Name: BRICKELL VIEW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

126 SW 17 RD
MIAMI, FL 33129

New Principal Place of Business:

126 SW 17 RD
UNIT 201
MIAMI, FL 33129

Current Mailing Address:

PO BOX 11022
MIAMI, FL 33101 US

New Mailing Address:

PO BOX 451235
MIAMI, FL 33245 US

FEI Number: 22-3898759 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABREU, EDSEL
126 SW 17 RD
SUITE 309
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

ABREU, EDSEL
126 SW 17 RD
SUITE 201
MIAMI, FL 33129 US

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.

SIGNATURE: _____ 01/24/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: ZOHRER, JAIME
Address: PO BOX 11022
City-St-Zip: MIAMI, FL 33101 US

Title: S ( ) Delete
Name: FEISST, TOBIAS
Address: PO BOX 11022
City-St-Zip: MIAMI, FL 33101 US

Title: P ( ) Delete
Name: ABREU, EDSEL
Address: PO BOX 11022
City-St-Zip: MIAMI, FL 33101 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: ZOHRER, JAIME
Address: PO BOX 451235
City-St-Zip: MIAMI, FL 33245 US

Title: S (X) Change ( ) Addition
Name: FEISST, TOBIAS
Address: PO BOX 451235
City-St-Zip: MIAMI, FL 33245 US

Title: P (X) Change ( ) Addition
Name: ABREU, EDSEL
Address: PO BOX 451235
City-St-Zip: MIAMI, FL 33245 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOBIAS FEISST S 01/24/2009
Electronic Signature of Signing Officer or Director — Date