2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# 566459

Entity Name: BRICKELL PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1901 BRICKELL AVE.
BOX D
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

1901 BRICKELL AVE.
BOX D
MIAMI, FL 33129

New Mailing Address:

FEI Number: 59-1807939 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOSEPH H. GANGUZZA & ASSOCIATES, P.A.
ONE SE THIRD AVE
STE 2150
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

LAW OFFICE OF ALEXIS GONZALEZ, P.A.
9755 SW 40TH TERRACE
MIAMI, FL 33165 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: ALBERT E. ACUNA 04/09/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DE LEON, HELIO DR
Address: 1865 BRICKELL AVE UNIT 2114
City-St-Zip: MIAMI, FL 33129

Title: V ( ) Delete
Name: SAGRERA, JUAN C
Address: 1865 BRICKELL AVE UNIT 1810
City-St-Zip: MIAMI, FL 33129

Title: S ( ) Delete
Name: VIDAVARAZAGA, RAIZA
Address: 1865 BRICKELL AVE UNIT 906
City-St-Zip: MIAMI, FL 33129

Title: T ( ) Delete
Name: GONZALEZ, JORGE
Address: 1865 BRICKELL AVE UNIT 401
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete
Name: RODRIGUEZ, LAURA
Address: 1901 BRICKELL AVE UNIT 1812
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete
Name: QUINTERO, FRANK JR.
Address: 1901 BRICKELL AVE UNIT 1712
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DE LEON, HELIODORO DR
Address: 1865 BRICKELL AVE UNIT 2114
City-St-Zip: MIAMI, FL 33129

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. HELIODORO DE LEON P 04/09/2009
Electronic Signature of Signing Officer or Director Date