

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91791 007 \*\*\*\*61.25

**DOCUMENT # N99000003737**

1. Entity Name

**BRICKELL ROADS TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

240 S.W. 15TH RD.  
#112  
MIAMI FL 33129  
US

Mailing Address

240 S.W. 15TH RD.  
#112  
MIAMI FL 33129  
US

2. Principal Place of Business

240 SW 15th Rd

Suite, Apt. #, etc.

#101

City & State

Miami FL

Zip

33129

Country

US

3. Mailing Address

240 SW 15th Rd

Suite, Apt. #, etc.

#101

City & State

Miami FL

Zip

33129

Country

US



☐ CHECK HERE IF MAKING CHANGES

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

**TROJAN, HEATHER C**  
240 S.W. 15TH RD., # 112  
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name

Heather McDonough

Street Address (P.O. Box Number is Not Acceptable)

240 SW 15TH RD #101

City

Miami

FL

Zip Code

33129

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

4/28/03

**FILE NOW: FEE IS \$61.25**

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	PTD	<input checked="" type="checkbox"/> Delete
NAME	TROJAN, HEATHER C	
STREET ADDRESS	240 S.W. 15TH RD.#112	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCDONOUGH, HEATHER	
STREET ADDRESS	240 S.W. 15TH RD.#101	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARRILLO, RODRIGO	
STREET ADDRESS	240 S.W. 15TH RD.#106	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PENDERGAST, JENNIFER	
STREET ADDRESS	240 S.W. 15TH RD.#108	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeff Kemp	
STREET ADDRESS	240 SW 15TH RD #105	
CITY-ST-ZIP	Miami FL 33129	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

HEATHER C TROJAN  
/SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

305-607-9994

CR2E037 (10/02)