

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 725288

**Entity Name:** BRICKELL BAY CLUB CONDOMINIUM ASSOCIATION, INC.

**FILED  
Jul 29, 2021  
Secretary of State  
7315371304CC**

**Current Principal Place of Business:**

C/O HUGO F. RIOS, ASSOCIATION MANAGER  
2333 BRICKELL AVENUE  
MIAMI, FL 33129

**Current Mailing Address:**

C/O HUGO F. RIOS, ASSOCIATION MANAGER  
2333 BRICKELL AVENUE  
MIAMI , FL 33129 US

**FEI Number:** 59-1660037

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROGEL, DAVID  
C/O BECKER & POLIAKOFF, P.A.  
121 ALHAMBRA PLAZA, 10TH FLOOR  
CORAL GABLES, FL 33134 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name ROSEN, EILEEN  
Address 2333 BRICKELL AVENUE  
2403  
City-State-Zip: MIAMI FL 33129

Title DIRECTOR  
Name RUIZ, GERARDO  
Address 2333 BRICKELL AVENUE  
2516  
City-State-Zip: MIAMI FL 33129

Title DIRECTOR  
Name ANNEXY, JAIME  
Address 2333 BRICKELL AVENUE  
2317  
City-State-Zip: MIAMI FL 33129

Title VP  
Name SCHUSTER, LISA  
Address 2333 BRICKELL AVENUE  
1807  
City-State-Zip: MIAMI FL 33129

Title DIRECTOR  
Name TADDEI, SUSANNA  
Address 2333 BRICKELL AVENUE  
2307  
City-State-Zip: MIAMI FL 33129

Title DIRECTOR  
Name CHACIN, PEDRO  
Address 2333 BRICKELL AVENUE  
1216  
City-State-Zip: MIAMI FL 33129

Title PRESIDENT  
Name LAMPL, JOHN W.  
Address 2333 BRICKELL AVENUE  
2015  
City-State-Zip: MIAMI FL 33129

Title DIRECTOR  
Name GEBALDE, MARIA  
Address 2333 BRICKELL AVENUE  
1915  
City-State-Zip: MIAMI FL 33129

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*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN W. LAMPL

**PRESIDENT**

**07/29/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	MORLES, RAMON CRESPO
Address	2333 BRICKELL AVENUE 1817
City-State-Zip:	MIAMI FL 33129