2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746394

Entity Name: BRICKELL FOREST CONDOMINIUM, INC.

FILED Apr 24, 2015 Secretary of State CC6793681997

Current Principal Place of Business:

C/O M & E ASSOCIATES OF MIAMI A SUBSIDIARY OF VESTA PROPERTY SERVICES

13055 SW 42 STREET, SUITE 203

MIAMI, FL 33175

Current Mailing Address:

C/O M & E ASSOCIATES OF MIAMI A SUBSIDIARY OF VESTA PROPERTY SERVICES 13055 SW 42 STREET, SUITE 203 MIAMI, FL 33175 US

FEI Number: 59-2057429 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SIEGFRIED, RIVERA 201 ALHAMBRA CIRCLE **SUITE 1102** 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: SIEGFRIED 04/24/2015

Electronic Signature of Registered Agent

Officer/Director Detail:

City-State-Zip:

MIAMI FL 33175

Title Title Τ

KARAS, CHRISTINE Name Name SIA, EMILIE

C/O M & E ASSOCIATES OF MIAMI A C/O M & E ASSOCIATES OF MIAMI A Address Address

SUBSIDIARY OF VESTA PROPERTY SUBSIDIARY OF VESTA PROPERTY

SERVICES **SERVICES** 13055 SW 42 STREET, SUITE 203 13055 SW 42 STREET, SUITE 203

City-State-Zip: MIAMI FL 33175 City-State-Zip: MIAMI FL 33175

Title DIRECTOR Title **TREASURER** Name RAVACHI, SHIRLEY Name RUIZ, ANGELES

Address C/O M & E ASSOCIATES OF MIAMI A Address C/O M &E ASSOCIATES OF MIAMI A

> SUBSIDIARY OF VESTA PROPERTY SUBSIDIARY OF VESTA PROPERTY **SERVICES SERVICES**

> > City-State-Zip:

13055 SW 42 STREET, SUITE 203 13055 SW 42 STREET, SUITE 203 MIAMI FL 33175

Title SECRETARY Title DIRECTOR

LANDEO-MCQUIDE, CARLA BONACHEA, NURIA Name Name

C/O M & E ASSOCIATES OF MIAMI A C/O M & E ASSOCIATES OF MIAMI A Address Address

SUBSIDIARY OF VESTA PROPERTY SUBSIDIARY OF VESTA PROPERTY

SERVICES SERVICES

13055 SW 42 STREET, SUITE 203 13055 SW 42 STREET, SUITE 203

MIAMI FL 33175 MIAMI FL 33175 City-State-Zip: City-State-Zip:

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: CHRISTINE KARAS **PRESIDENT** 04/24/2015

Date