

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746394

**FILED**  
**May 01, 2017**  
**Secretary of State**  
**CC5629859725**

**Entity Name:** BRICKELL FOREST CONDOMINIUM, INC.

**Current Principal Place of Business:**

C/O VESTA PROPERTY SERVICES  
13595 SW 134 AVE. SUITE 108  
MIAMI, FL 33186

**Current Mailing Address:**

C/O VESTA PROPERTY SERVICES  
13595 SW 134 AVE. SUITE 108  
MIAMI, FL 33186 US

**FEI Number:** 59-2057429

**Certificate of Status Desired:** No

**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

05/01/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name KARAS, CHRISTINE  
Address C/O VESTA PROPERTY SERVICES  
13595 SW 134 AVE. SUITE 108  
City-State-Zip: MIAMI FL 33186

Title VP  
Name SIA, EMILIE  
Address C/O VESTA PROPERTY SERVICES  
13595 SW 134 AVE. SUITE 108  
City-State-Zip: MIAMI FL 33186

Title DIRECTOR  
Name RAVACHI, SHIRLEY  
Address C/O VESTA PROPERTY SERVICES  
13595 SW 134 AVE. SUITE 108  
City-State-Zip: MIAMI FL 33186

Title TREASURER  
Name PREVILLE, SUSAN  
Address C/O VESTA PROPERTY SERVICES  
13595 SW 134 AVE. SUITE 108  
City-State-Zip: MIAMI FL 33186

Title DIRECTOR  
Name MALDONADO, CARLOS  
Address C/O VESTA PROPERTY SERVICES  
13595 SW 134 AVE. SUITE 108  
City-State-Zip: MIAMI FL 33186

Title SECRETARY  
Name BLACKMORE, JENNIFER  
Address C/O VESTA PROPERTY SERVICES  
13595 SW 134 AVE. SUITE 108  
City-State-Zip: MIAMI FL 33186

*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:** KARAS , CHRISTINE

P

05/01/2017

Electronic Signature of Signing Officer/Director Detail

Date