The above hamed entity submits this statement for the purpose of changing its registered once of registered agent, or both, in the state of Pionda.			
SIGNATURE	ELIZABETH A. BOWEN		01/07/2022
	Electronic Signature of Registered Agent		Date
Officer/Director Detail :			
Title	PRESIDENT	Title	VP
Name	DE POOL, MARIA	Name	BENAVIDES, CYNTHIA
Address	1250 S MIAMI AVE 8TH FLOOR MANAGEMENT OFFICE 800	Address	1250 S MIAMI AVE 8TH FLOOR MANAGMENT OFFICE 800
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130
Title	TREASURER	Title	DIRECTOR
Name	NOVELLA, VERONICA	Name	PARENTEAU, PHILIP
Address	1250 SOUTH MIAMI AVE 8TH FLOOR 800	Address	1250 S MIAMI AVE 8TH FLOOR MANAGEMENT OFFICE 800
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	
Title	SECRETARY		
Name	BENEVIDES, DANIEL F		
Address	1250 S MIAMI AVE 8TH FLOOR MANAGEMENT OFFICE 800		

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

City-State-Zip: MIAMI FL 33130

above, or on an attachment with all other like empowered.

BOWEN, ELIZABETH A 201 ALHAMBRA CIRCLE, 11TH 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.

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: VUE AT BRICKELL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:** 

1250 S MIAMI AVE 8TH FLOOR MANAGEMENT OFFICE 800 MIAMI, FL 33130

DOCUMENT# N05000001558

## **Current Mailing Address:**

MIAMI, FL 33130 US

1250 S MIAMI AVE 8TH FLOOR MANAGEMENT OFFICE 800

# FEI Number: 20-2348176

# Name and Address of Current Registered Agent:

SIGNATURE: MARIA DE POOL

PRESIDENT

01/07/2022

Electronic Signature of Signing Officer/Director Detail

## FILED Jan 07, 2022 Secretary of State 4511924965CC

Certificate of Status Desired: No

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