

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008450

Entity Name: ICONBRICKELL CONDOMINIUM NO. ONE ASSOCIATION, INC.**Current Principal Place of Business:**465 BRICKELL AVENUE
SUITE 202
MIAMI, FL 33131**Current Mailing Address:**465 BRICKELL AVENUE
SUITE 202
MIAMI, FL 33131**FEI Number: 26-3363279****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKRLD, INC.
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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	BAROGLIO, FEDERICO
Address	465 BRICKELL AVE, #202
City-State-Zip:	MIAMI FL 33131

Title	PRESIDENT
Name	HERRICK, EUGENE
Address	465 BRICKELL AVE, #202
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR
Name	TZINAS, DANIELA
Address	465 BRICKELL AVE, #202
City-State-Zip:	MIAMI FL 33131

Title	SECRETARY
Name	RUBY, STANLEY
Address	465 BRICKELL AVE, #202
City-State-Zip:	MIAMI FL 33131

Title	TREASURER
Name	WATSON, MILES
Address	465 BRICKELL AVE, #202
City-State-Zip:	MIAMI FL 33131

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: HERRICK, EUGENE**PRESIDENT****01/22/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date