

**2019 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 DAVY, PATRICIO  
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 GIBLY, RAFI  
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**

**03/14/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date