

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34786

**FILED**  
**Feb 01, 2016**  
**Secretary of State**  
**CC6320620485**

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

**Current Principal Place of Business:**

2401 S MIAMI AVE  
MIAMI, FL 33129

**Current Mailing Address:**

2401 S MIAMI AVE  
MIAMI, FL 33129 US

**FEI Number: 65-0150880**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BRICKELL FOREST ESTATES CONDO ASSOC INC  
2401 S MIAMI AVE  
MIAMI, FL 33129 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           TREASURER, DIRECTOR  
Name           HALL, GREGORY R  
Address        2401 S. MIAMI AVE.  
City-State-Zip: MIAMI FL 33129

Title           DIRECTOR  
Name           CLEMENTI, MICHAEL  
Address        2403 S. MIAMI AVENUE  
City-State-Zip: MIAMI FL 33129

Title           SECRETARY, DIRECTOR  
Name           YNESTROZA, RENEE  
Address        2411 S. MIAMI AVE.  
City-State-Zip: MIAMI FL 33129

Title           PRESIDENT, DIRECTOR  
Name           BANCHS, WILLIAM  
Address        2407 S. MIAMI AVE.  
City-State-Zip: MIAMI FL 33129

Title           DIRECTOR  
Name           CLEMENTI, JUSTIN  
Address        2405 S. MIAMI AVE  
City-State-Zip: MIAMI FL 33129

Title           DIRECTOR  
Name           BARRATT, PETER  
Address        2409 S. MIAMI AVE.  
City-State-Zip: MIAMI FL 33129

Title           DIRECTOR  
Name           GENIE, ALVARO  
Address        2413 S MIAMI AVE  
City-State-Zip: MIAMI FL 33129

*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: GREGORY HALL**

**DIRECTOR**

**02/01/2016**

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

\_\_\_\_\_  
Date