2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 730892

1. Entity Name
2000 BRICKELL AVENUE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% KRIS REGISTER 2006 BRICKELL AVENUE MIAMI, FL 33129 US	% KRIS REGISTER 2006 BRICKELL AVENUE MIAMI, FL 33129 US

04262006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REGISTER, KRISTINE
2006 BRICKELL AVE
MIAMI, FL 33129

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000549375
05/13/06-80016-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	REGISTER, KRISTINE
STREET ADDRESS	2006 BRICKELL AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	HIGLEY, BRUCE W
STREET ADDRESS	2000 BRICKELL AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	RAMOS, SERGIO
STREET ADDRESS	2004 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	HARTOG, ALBERT
STREET ADDRESS	2002 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kristine Register 4/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #