


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 730892 1. Entity Name 2000 BRICKELL AVENUE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business % KRIS REGISTER 2006 BRICKELL AVENUE MIAMI, FL 33129 US	Mailing Address % KRIS REGISTER 2006 BRICKELL AVENUE MIAMI, FL 33129 US
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04182008 No Chg-NP CR2E037 (4/06)

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4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000913171 05/08/08-80005-015 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REGISTER, KRISTINE 2006 BRICKELL AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HIGLEY, BRUCE W 2000 BRICKELL AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS, SERGIO 2004 BRICKELL AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTOG, ALBERT 2002 BRICKELL AVENUE 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: <i>Kristine Register</i>	<i>April 18, 2008</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>