2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 748992

Entity Name: BRICKELL TOWN HOUSE ASSOCIATION, INC.

Current Principal Place of Business:

2451 BRICKELL AVENUE
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

2451 BRICKELL AVENUE
MIAMI, FL 33129

New Mailing Address:

FEI Number: 59-1976116 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LACHTERMAN, STEVEN J ESQ
848 BRICKELL AVENUE
SUITE 780
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SERRATS, SUSAN
Address: 2451 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33129

Title: S ( ) Delete
Name: BELLAMY, CECILY
Address: 2451 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33129

Title: VP ( ) Delete
Name: ORRET, JOHN
Address: 2451 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33129

Title: TD ( ) Delete
Name: KORENFIELD, ADAM
Address: 2451 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33129

Title: S ( ) Delete
Name: RUIZ, PAULA
Address: 2451 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete
Name: MATZ, JACOBO
Address: 2457 BRICKELL AVE
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SERRATS SUSAN PD 04/13/2009

Electronic Signature of Signing Officer or Director — Date