

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748992

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**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  
2655 LE JEUNE ROAD  
PH 1-D  
CORAL GABLES, FL 33134 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  
**Name:** CAMPA, MARIA  
**Address:** 2451 BRICKELL AVENUE, UNIT 5U  
**City-St-Zip:** MIAMI, FL 33129

**Title:** VP  
**Name:** CARRAL, BERTA  
**Address:** 2451 BRICKELL AVENUE, UNIT 2A  
**City-St-Zip:** MIAMI, FL 33129

**Title:** S  
**Name:** CONDE, RAMON  
**Address:** 2451 BRICKELL AVENUE, UNIT 20S  
**City-St-Zip:** MIAMI, FL 33129

**Title:** TD  
**Name:** KUHN, GUNTER  
**Address:** 2451 BRICKELL AVENUE, UNIT 7G  
**City-St-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:** BERTA CARRAL

VP

03/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date