


FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90191 009 ***150.00

**2006 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

50019242



DOCUMENT # 753331					
1. Entity Name BRICKELL PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2501 BRICKELL AVENUE MIAMI, FL 33129			Mailing Address 2501 BRICKELL AVENUE MIAMI, FL 33129		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 59-2066602				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. 121 ALHAMBRA PLAZA SUITE 1000 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when requesting.)</small>					
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEIRO, OFELIA		NAME	SERURE, LORI	
STREET ADDRESS	2501 BRICKELL AVE #1005		STREET ADDRESS	2501 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIANA, MARIA		NAME	MORENO, MORIS	
STREET ADDRESS	2501 BRICKELL AVE #506		STREET ADDRESS	2501 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESQUIVEL, JULIO JR		NAME	MOURE, OLGA	
STREET ADDRESS	2501 BRICKELL AVE. #705		STREET ADDRESS	2501 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEUERSTEIN, ANDREW		NAME	MCMORRIS, BRAD	
STREET ADDRESS	2501 BRICKELL AVE #403		STREET ADDRESS	2501 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KABALA, ELISABETH		NAME	CUBEROS, PEDRO	
STREET ADDRESS	2501 BRICKELL AVE #308		STREET ADDRESS	2501 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP	MIAMI, FL 33129	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 fees empowered.					
SIGNATURE: _____			Date: 4-27-06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		