2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 753331

1. Entity Name
BRICKELL PARK CONDOMINIUM ASSOCIATION, INC.

FILED
07 JUL 30 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07022007 Chg-NP CR2E037 (12/06)

Principal Place of Business	Mailing Address
2501 BRICKELL AVENUE MIAMI, FL 33129	2501 BRICKELL AVENUE MIAMI, FL 33129

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2501 BRICKELL AVE.	
Suite, Apt. #, etc.: LOBBY	Suite, Apt. #, etc.
City & State: MIAMI, Fl.	City & State
Zip: 33129 Country: DADE	Zip / Country

4. FEI Number: 59-2066602 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BECKER & POLIAKOFF, P.A. 121 ALHAMBRA PLAZA SUITE 1000 CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) 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 X
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25 | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DV NAME: MORENO, MORIS STREET ADDRESS: 2501 BRICKELL AVE CITY-ST-ZIP: MIAMI, FL 33129	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700107467517 08/07/07--01059--003 **70.00
TITLE: DS NAME: MOURE, OLGA STREET ADDRESS: 2501 BRICKELL AVE CITY-ST-ZIP: MIAMI, FL 33129	☒ Delete	TITLE: S NAME: Serure, Lorie STREET ADDRESS: 2501 Brickell Ave, Miami, FL 33129 CITY-ST-ZIP	☐ Change ☒ Addition
TITLE: DP NAME: ~~MC~~MORRIS, BRAD STREET ADDRESS: 2501 BRICKELL AVE CITY-ST-ZIP: MIAMI, FL 33129	☒ Delete	TITLE: T NAME: Mendez, Cynthia STREET ADDRESS: 2501 Brickell Ave CITY-ST-ZIP: Miami, FL 33129	☐ Change ☒ Addition
TITLE: DT NAME: CUBEROS, PEDRO STREET ADDRESS: 2501 BRICKELL AVE CITY-ST-ZIP: MIAMI, FL 33129	☒ Delete	TITLE: P NAME: Garcia, Vivian STREET ADDRESS: 2501 Brickell Ave CITY-ST-ZIP: Miami, FL 33129	☐ Change ☒ Addition
TITLE: D NAME: SCHUTZ, ELIZABETH STREET ADDRESS: 2501 BRICKELL AVE. CITY-ST-ZIP: MIAMI, FL 33129	☒ Delete	TITLE: VP NAME: Schutz, Heinz STREET ADDRESS: 2501 Brickell Ave CITY-ST-ZIP: Miami, FL 33129	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP: B7/31/07	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 7/2/07 (305) 858-7550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #