

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754494

FILED
Apr 13, 2009
Secretary of State

Entity Name: BRICKELL PLACE, PHASE II, MARINA ASSOCIATION, INC.

Current Principal Place of Business:

1925 BRICKELL AVENUE
901-D
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

1925 BRICKELL AVENUE
901-D
MIAMI, FL 33129

New Mailing Address:

FEI Number: 27-0017016 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

REY, ANGEL M
1925 BRICKELL AVE
APT 901-D
MIAMI, FL 33129 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: HAWKINS, PHILLIP
Address: 1925 BRICKELL AVENUE, #1011
City-St-Zip: MIAMI, FL 33129

Title: SC () Delete
Name: MORALES, JUAN
Address: 1925 BRICKELL AVENUE, #1107
City-St-Zip: MIAMI, FL 33129

Title: TD () Delete
Name: REY, ANGEL
Address: 1925 BRICKELL AVE 901-D
City-St-Zip: MIAMI, FL 33129

Title: VPSD () Delete
Name: SCALESE, ANDREW
Address: 1915 BRICKELL AVE 1601-C
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: GOMEZ, RODOLFO
Address: 1925 BRICKELL AVENUE, #TH18
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SC (X) Change () Addition
Name: ALVAREZ, ARMANDO
Address: 1925 BRICKELL AVENUE, #TH 23
City-St-Zip: MIAMI, FL 33129

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

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

Title: D (X) Change () Addition
Name: GOMEZ, RODOLFO
Address: 1925 BRICKELL AVENUE, #TH 18
City-St-Zip: MIAMI, FL 33129

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: ANGEL REY

TD

04/13/2009

Electronic Signature of Signing Officer or Director

Date