## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Secretary of State **DOCUMENT #766407** 07-16-2007 90130 005 \*\*\*\*61.25 IMPERIAL AT BRICKELL CONDOMINIUM ASSOCIATION, INC. TUICO3. Principal Place of Business Mailing Address 1627 BRICKELL AVENUE 1627 BRICKELL AVENUE MIAMI, FL 33129 MIAMI, FL 33129 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07062007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2252245 Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROGEL, DAVID H ESQ Street Address (P.O. Box Number is Not Acceptable) BECKER & POLIAKOFF, P.A. 121 ALHAMBRA PLAZA, SUITE 1000, 10TH FLOOR MIAMI, FL 33134 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. $\Box$ Florida Department of State Due by September 14, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Presiden ☑ Delete Marte Netsh 1627 Brickell Avenue, 2904 ☐ Addition TITLE TITLE VAN DER REIS, DANNY NAME NAME STREET ADDRESS 1627 BRICKELL AVE, #1404 STREET ADDRESS Miami, FL 33129 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33129 Delete Vice President/Secretary ☐ Addition TITLE TITLE ZVIJAC, GAIL Gaul Zvijac NAME NAME 1627 Brickell Avenue, #1801 STREET ADDRESS 1627 BRICKELL AVE. #1801 STREET ADORESS CITY-ST-ZIP MIAMI, FL 33129 CITY-ST-ZIP Miani, FL 3312 Director ☐ Defete Change ☐ Addition STIF TITLE Danny vander Reis, #404 GENTRY, SAMUEL NAME NAME 0.6. 1627 Brickell Avenue STREET ADDRESS 1627 BRICKELL AVE #2901 STREET ADDRESS Miani FL 33129 Director MIAMI, FL 33129 CITY-ST-7IP CITY-ST-ZIP Change Delete ☐ Addition TITLE TITLE Lourdes Figueroa 1627 Brichell Arence, #2407 FIGUEROA, LOURDES NAME STREET ADDRESS 1627 BRICKELL AVE, #2407 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33129 Mia Ni FC Treas ul**e**er CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition samuel Gentry NAME NAME 1627 Brickell Avenue, 2901 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED Jul 16, 2007 8:00 am

Daytime Phone