

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

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90049 026 ****61.25

DOCUMENT # N02000004394

1. Entity Name
THE BROOKLYN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**320 EUCLID AVENUE
MIAMI BEACH, FL 33139**

Mailing Address **P.O. Box 1548
~~320 EUCLID AVENUE~~ Miami Beach, FL 33119
~~MIAMI BEACH, FL 33139~~**



01252006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1621145

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRIS, RICHARD
300 SOUTH POINTE DR
#604
MIAMI BEACH, FL 33139**

**DO NOT WRITE
IN THIS SPACE**

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

Richard Harris

Richard Harris

5-17-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HARRIS, RICHARD
STREET ADDRESS	300 SOUTH POINTE DR
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	TS
NAME	PAPAS, ATHENA
STREET ADDRESS	P.O. BOX 770454
CITY-ST-ZIP	VANDERBILT BEACH, FL 34107
TITLE	V
NAME	FITZGIBBONS, MOKSHA Gomez, Jill
STREET ADDRESS	4040 AVE OF THE AMERICAS 340 Palmwood Lane
CITY-ST-ZIP	NY, NY 10018 Key Biscayne, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Richard Harris

Richard Harris

5-17-06

305.308.1222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #