

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90012 021 ****61.25

DOCUMENT # N02000006542



1. Entity Name
COURTS BRICKELL KEY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**501 BRICKELL KEY DR STE 600
MIAMI, FL 33131**

Mailing Address
**501 BRICKELL KEY DR STE 600
MIAMI, FL 33131**

94045980



2. Principal Place of Business
801 BRICKELL KEY BOULEVARD

3. Mailing Address
801 BRICKELL KEY BOULEVARD

Suite, Apt. #, etc.
SUITE 408

Suite, Apt. #, etc.
SUITE 408

01142004 Chg-NP CR2E037 (10/03)

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number
54-2071714

Applied For
Not Applicable

Zip
33131

Country
USA

Zip
33131

Country
USA

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

6. Name and Address of Current Registered Agent

**TOLAND, GREGG
501 BRICKELL KEY DR STE 600
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

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

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, 2004**

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

TITLE PD ☐ Delete
NAME OWENS, STEPHEN L
STREET ADDRESS 501 BRICKELL KEY DR STE 600
CITY-ST-ZIP MIAMI, FL 33131

TITLE VD ☐ Delete
NAME KELLY, J. MEGAN
STREET ADDRESS 501 BRICKELL KEY DR STE 600
CITY-ST-ZIP MIAMI, FL 33131

TITLE STD ☐ Delete
NAME TOLAND, GREGG E
STREET ADDRESS 501 BRICKELL KEY DR STE 600
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/04

Date

Daytime Phone #