

**2004 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

04 JUL -9 AM 11:11



DOCUMENT # N02000006542

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

Principal Place of Business: 801 BRICKELL KEY BLVD., STE 408 MIAMI, FL 33131
Mailing Address: 801 BRICKELL KEY BLVD., STE 408 MIAMI, FL 33131



[Handwritten initials]

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

03182003 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number: 54-2071714 Applied For: Not Applicable

Zip: Country

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: SKRLD, Inc.
Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Cir., Suite 1102
City: Coral Gables FL Zip Code: 33134

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: SKRLD, Inc. by *[Signature]* Lisa A. Lerner, Secretary 6/21/04
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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	OWENS, STEPHEN L	
STREET ADDRESS	501 BRICKELL KEY DR STE 600	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KELLY, J. MEGAN	
STREET ADDRESS	501 BRICKELL KEY DR STE 600	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	TOLAND, GREGG E	
STREET ADDRESS	501 BRICKELL KEY DR STE 600	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEIN, BENJAMIN	
STREET ADDRESS	801 BRICKELL KEY BLVD., STE 408	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEANIDA, MARTHA	
STREET ADDRESS	801 BRICKELL KEY BLVD., STE 408	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLMO, PAMELA	
STREET ADDRESS	801 BRICKELL KEY BLVD., STE 408	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300039377833	
STREET ADDRESS	07/21/04--01031--001 **61.25	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: June 23, 2004 Daytime Phone #: 305-490-3223