

**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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE: PD  Change  Addition  
NAME: HEIN, BENJAMIN  
STREET ADDRESS: 801 BRICKELL KEY BLVD., STE 408  
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: VD  Change  Addition  
NAME: HEANIDA, MARTHA  
STREET ADDRESS: 801 BRICKELL KEY BLVD., STE 408  
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: STD  Change  Addition  
NAME: OLMO, PAMELA  
STREET ADDRESS: 801 BRICKELL KEY BLVD., STE 408  
CITY-ST-ZIP: MIAMI, FL 33131

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME: 300039377833  
STREET ADDRESS: 07/21/04--01031--001  
CITY-ST-ZIP: \*\*61.25

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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