

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

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



02022006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2071714	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SKRLB, INC.
 201 ALHAMBRA CIR.
 SUITE 1102
 CORAL GABLES, FL 33134

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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, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HEIN, BENJAMIN 801 BRICKELL KEY BLVD, SUITE 408 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RECORD, VIOLET 801 BRICKELL KEY BLVD, SUITE 408 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD OLMO, PAMELA 801 BRICKELL KEY BLVD, SUITE 408 MIAMI, FL 33131
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 03/02/06-80019-013 61.25

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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: _____

Benjamin & Violet
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 15, 2006
 Date

Daytime Phone # _____