


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90115 004 ****61.25

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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip		Country		Zip		
Country		Country		Country		
4. FEI Number 54-2071714				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
SKRLB, INC. 201 ALHAMBRA CIR. SUITE 1102 CORAL GABLES, FL 33134			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>						
<small>(NOTE: Registered Agent signature required when reconstituting)</small>						
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	NAME HEIN, BENJAMIN		<input type="checkbox"/> Delete	TITLE VD	NAME HEIN, BENJAMIN	
STREET ADDRESS 801 BRICKELL KEY BLVD, SUITE 408	CITY-ST-ZIP MIAMI, FL 33131		<input type="checkbox"/> Delete	STREET ADDRESS 801 BRICKELL KEY BLVD, SUITE 408	CITY-ST-ZIP MIAMI, FL 33131	
TITLE VD	NAME RECORD, VIOLET		<input type="checkbox"/> Delete	TITLE PD	NAME RECORD, VIOLET	
STREET ADDRESS 801 BRICKELL KEY BLVD, SUITE 408	CITY-ST-ZIP MIAMI, FL 33131		<input type="checkbox"/> Delete	STREET ADDRESS 801 BRICKELL KEY BLVD, SUITE 408	CITY-ST-ZIP MIAMI, FL 33131	
TITLE STD	NAME OLMO, PAMELA		<input type="checkbox"/> Delete	TITLE VD	NAME RECORD, VIOLET	
STREET ADDRESS 801 BRICKELL KEY BLVD, SUITE 408	CITY-ST-ZIP MIAMI, FL 33131		<input type="checkbox"/> Delete	STREET ADDRESS 801 BRICKELL KEY BLVD, SUITE 408	CITY-ST-ZIP MIAMI, FL 33131	
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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: <i>Violet Record</i>				1/4/07 (305) 577-4259		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>		