


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90016 040 ****61.25

DOCUMENT # N03000003211

1. Entity Name
BRICKELL OAKS TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**23 SW 17TH RD
 MIAMI, FL 33129**

Mailing Address
**23 SW 17TH RD
 MIAMI, FL 33129**

40000912



2. Principal Place of Business
**123 SW 17TH RD
 #101**

3. Mailing Address
**123 SW 17TH RD
 #101**

01032005 Chg-NP CR2E037 (10/03)

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33129

Country

4. FEI Number
42-1597621

Applied For
 Not Applicable

6.-Name and Address of Current Registered Agent

**HEREDINA, RICARDO
 123 SW 17TH RD #104
 MIAMI, FL 33129**

7.- Name and Address of New Registered Agent

Name
NICOLETTA ASCARI

Street Address (P.O. Box Number is Not Acceptable)
123 SW 17 RD, #113

City
MIAMI

State
FL

Zip Code
33129

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 NICOLETTA ASCARI, PRESIDENT Nicoletta Ascari 1/3/05
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, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HEREDIA, RICARDP 123 SW 17TH RD MIAMI, FL 33129	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DANGOND, VICTOR 123 SW 17TH RD MIAMI, FL 33129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHAAN, TODD 123 SW 17TH RD MIAMI, FL 33129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAGGIANO, CECILIA 123 SW 17TH RD MIAMI, FL 33129	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICOLETTA ASCARI 123 SW 17 Rd #113 MIAMI FL 33129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYNN BEAM 123 SW 17 RD #106 MIAMI FL 33129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH ZITO 123 SW 17 Rd #107 MIAMI FL 33129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLOS AVINO 123 SW 17 Rd #109 MIAMI FL 33129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARK HORTON 123 SW 17 Rd #112 MIAMI FL 33129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: TODD SCHAAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/05 305-858-0413
Date Daytime Phone #