

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 23, 2007
Secretary of State**

DOCUMENT# N03000003211

Entity Name: BRICKELL OAKS TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**123 SW 17TH RD
#101
MIAMI, FL 33129**New Principal Place of Business:**123 SW 17TH RD
#109
MIAMI, FL 33129**Current Mailing Address:**123 SW 17TH RD
#101
MIAMI, FL 33129**New Mailing Address:**123 SW 17TH RD
#109
MIAMI, FL 33129

FEI Number: 42-1597621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:HALEY-STATSNY, GABRIELA
123 SW 17TH RD #109
MIAMI, FL 33129 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: ASCARI, NICOLETTA
Address: 123 SW 17 RD #113
City-St-Zip: MIAMI, FL 33129Title: VD () Delete
Name: DANGOND, VICTOR
Address: 123 SW 17TH RD #114
City-St-Zip: MIAMI, FL 33129Title: TD (X) Delete
Name: SCHAAN, TODD
Address: 123 SW 17TH RD #101
City-St-Zip: MIAMI, FL 33129Title: SD () Delete
Name: BEAM, LYNN
Address: 123 SW 17 RD #106
City-St-Zip: MIAMI, FL 33129Title: PD () Delete
Name: HALEY-STATSNY, GABRIELA
Address: 123 SW 17 RD #109
City-St-Zip: MIAMI, FL 33129**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VTD (X) Change () Addition
Name: DANGOND, VICTOR
Address: 123 SW 17TH RD #114
City-St-Zip: MIAMI, FL 33129Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIELA HALEY-STATSNY

PD

07/23/2007

Electronic Signature of Signing Officer or Director

Date