


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90045 010 ****61.25

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| DOCUMENT # N04000001424 1. Entity Name BRICKELL ON THE RIVER SOUTH TOWER CONDOMINIUM ASSOCIATION, INC. |  |
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| Principal Place of Business 20803 BISCAYNE BLVD. SUITE 200 AVENTURA, FL 33180 | Mailing Address 20803 BISCAYNE BLVD. SUITE 200 AVENTURA, FL 33180 |
|--|--|

DO NOT WRITE IN THIS SPACE



01092007 No Chg-NP CR2E037 (4/06)

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|-----------------------------|-------------------------------|
| 4. FEI Number 20-3458325 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

MILLER, SCOTT
20803 BISCAYNE BLVD.
SUITE 200
AVENTURA, FL 33180

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IN THIS SPACE**

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, 2007**

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 DAVID, ALAN M 20803 BISCAYNE BLVD. SUITE 200 AVENTURA, FL 33180 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVD DURAND, JUDITH SALOMON 20803 BISCAYNE BLVD. SUITE 200 AVENTURA, FL 33180 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SINDAB, SONIA 20803 BISCAYNE BLVD. SUITE 200 AVENTURA, FL 33180 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #