

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90015 023 ****61.25

DOCUMENT # N04000001424

1. Entity Name
**BRICKELL ON THE RIVER SOUTH TOWER
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**20803 BISCAYNE BLVD.
SUITE 200
AVENTURA, FL 33180**

Mailing Address
**20803 BISCAYNE BLVD.
SUITE 200
AVENTURA, FL 33180**

90000



DO NOT WRITE IN THIS SPACE

01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-3458325

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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

Scott W. Miller *Scott W. Miller*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/29/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DAVID, ALAN M
STREET ADDRESS 20803 BISCAYNE BLVD. SUTIE 200
CITY-ST-ZIP AVENTURA, FL 33180

TITLE SVD
NAME *GISELLE CEDENO*
DURAND, JUDITH SALOMON
STREET ADDRESS 20803 BISCAYNE BLVD. SUTIE 200
CITY-ST-ZIP AVENTURA, FL 33180

TITLE TD
NAME SINDAB, SONIA
STREET ADDRESS 20803 BISCAYNE BLVD. SUTIE 200
CITY-ST-ZIP 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:

Alan David *Alan David*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/08
Date

305-881-7787
Daytime Phone #