2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90061 004 ****61.25

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1. Entity Name
BRICKELL ON THE RIVER MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O GROUPE PACIFIC 20803 BISCAYNE BOULEVARD, SUITE 200 AVENTURA, FL 33180	C/O GROUPE PACIFIC 20803 BISCAYNE BOULEVARD, SUITE 200 AVENTURA, FL 33180

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01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-3458189
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAVID, ALAN M
20803 BISCAYNE BLVD STE 200
AVENTURA, FL 33180

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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 _____ 1/29/08
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, 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 STE 200
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	TD GISELLE CEDEÑO
NAME	~~DURAND, JUDITH S~~
STREET ADDRESS	20803 BISCAYNE BLVD STE 200
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	VPSD
NAME	SINDAB, SONIA
STREET ADDRESS	20803 BISCAYNE BLVD STE 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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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 MEMBER 1/29/08 305-571-7787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #