

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 21, 2008
Secretary of State

DOCUMENT# N04000003608

Entity Name: BRICKELL VISTA CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**900 SW 8TH STREET
500
MIAMI, FL 33131**New Principal Place of Business:****Current Mailing Address:**900 SW 8TH STREET
500
MIAMI, FL 33131**New Mailing Address:****FEI Number:** 20-2173120**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BRICKELL VISTA CONDO ASSOCIATION INC.
900 SW 8TH ST
500
MIAMI, FL 33131 US**Name and Address of New Registered Agent:**ASTOR PROPERTY MANAGEMENT, LLC
2601 S BAYSHORE DR.
SUITE 1800
MIAMI, FL 33133 US

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: PETER TORRES

03/21/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CORE, CECILIA L P
Address: 900 SW 8TH ST #1103
City-St-Zip: MIAMI, FL 33131

Title: VPD () Delete
Name: SALAZAR, ADRIANA S VP
Address: 900 SW 8TH ST #1204
City-St-Zip: MIAMI, FL 33131

Title: TD () Delete
Name: KENNIS, LARRY T
Address: 900 SW 8TH ST #1003
City-St-Zip: MIAMI, FL 33131

Title: D (X) Delete
Name: HABACH, SADIK D
Address: 900 SW 8TH ST #1509
City-St-Zip: MIAMI, FL 33131

Title: S (X) Delete
Name: HPN INVESTMENTS, INC, .
Address: 2601 S. BAYSHORE DR, SUITE 1800
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () 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: CECILIA CORE

PD

03/21/2008

Electronic Signature of Signing Officer or Director

Date