


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 03, 2008 8:00 am**  
**Secretary of State**

07-03-2008 90014 010 \*\*\*\*61.25

<b>DOCUMENT # N04000005766</b> 1. Entity Name <b>THE CLUB AT BRICKELL BAY PLAZA CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1200 BRICKELL BAY DRIVE MIAMI, FL 33131</b>			Mailing Address <b>1200 BRICKELL BAY DRIVE MIAMI, FL 33131</b>		
2. Principal Place of Business - No P.O. Box # <b>1200 BRICKELL BAY DRIVE</b>		3. Mailing Address <b>1200 BRICKELL BAY DRIVE</b>			
Suite, Apt. #, etc. <b>1400</b>		Suite, Apt. #, etc. <b>1400</b>			
City & State <b>MIAMI</b>		City & State <b>MIAMI</b>			
Zip <b>33131</b>		Country <b>USA</b>		Zip <b>33131</b>	
Country <b>USA</b>		4. FEI Number <b>20-1213880</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>ROGEL, DAVID H ESQ. BECKER &amp; POLIAKOFF, P.A. 121 ALHAMBRA PLAZA, 10TH FLOOR CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent  Name <b>ROGEL, DAVID H ESQ. - BECKER + POLIAKOFF, PA.</b> Street Address (P.O. Box Number is Not Acceptable) <b>121 ALHAMBRA, 10th FLOOR</b>  City <b>CORAL GABLES</b> FL Zip Code <b>33134</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CARPIO, PHILIP 1200 BRICKELL BAY DRIVE, 2405 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SHMIGEL, ANNA 1200 BRICKELL BAY DRIVE, 2707 MIAMI, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BARBAT, JULIUS 1200 BRICKELL BAY DRIVE, 2107 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MARIAN, CRAIG 1200 BRICKELL BAY DRIVE, 3504 MIAMI, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FORNET, ALEX 1200 BRICKELL BAY DRIVE, 1410 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEONARDO ROA 1200 BRICKELL BAY DRIVE, 2624 MIAMI, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD OSPINA, DIANA 1200 BRICKELL BAY DRIVE, 3308 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARMENTER, SEBASTIAN 1200 BRICKELL BAY DRIVE, 4016 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					