

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005766

FILED
Feb 24, 2011
Secretary of State

Entity Name: THE CLUB AT BRICKELL BAY PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1200 BRICKELL BAY DRIVE
SUITE 1400
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1200 BRICKELL BAY DRIVE
SUITE 1400
MIAMI, FL 33131 US

New Mailing Address:

1200 BRICKELL BAY DRIVE
SUITE 1400
MIAMI, FL 33131

FEI Number: 20-1213880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARS, GARY M ESQ
150 W FLAGLER ST 27 FLOOR
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: FERNANDEZ, KATHERIN MS
Address: 1200 BRICKELL BAY DRIVE #1604
City-St-Zip: MIAMI, FL 33131 US

Title: VP
Name: ARMENTER, SEBASTIAN MR.
Address: 1200 BRICKELL BAY DRIVE #3710
City-St-Zip: MIAMI, FL 33131 US

Title: TREA
Name: FABIAN, EMILIANO MR
Address: 1200 BRICKELL BAY DRIVE #2415
City-St-Zip: MIAMI, FL 33131 US

Title: SEC
Name: OSPINA, DIANA MS
Address: 1200 BRICKELL BAY DRIVE #3308
City-St-Zip: MIAMI, FL 33131 US

Title: DIR
Name: MORENO, JAVIER MR
Address: 1200 BRICKELL BAY DRIVE #2222
City-St-Zip: MIAMI, FL 33131 US

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY FLOURNOY

GM

02/24/2011

Electronic Signature of Signing Officer or Director

_____ Date