

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90005 014 \*\*\*\*61.25

DOCUMENT # N04000008065  
 1. Entity Name  
 BRICKELL BAY PLAZA MASTER ASSOCIATION, INC.



Principal Place of Business: 100 S. BISCAYNE BLVD. SUITE 900 MIAMI, FL 33131  
 Mailing Address: 100 S. BISCAYNE BLVD. SUITE 900 MIAMI, FL 33131

40030036



**DO NOT WRITE IN THIS SPACE**

01162007 No Chg-NP CR2E037 (4/06)  
 4. FEI Number 20-1523477 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DAHAN, PHILIP  
 100 S. BISCAYNE BLVD.  
 SUITE 900  
 MIAMI, FL 33131

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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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DAHAN, PHIL
STREET ADDRESS	100 S BISCAYNE BLVD STE 1100
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DST
NAME	HOLLO, JERRY
STREET ADDRESS	100 S BISCAYNE BLVD STE 1100
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DV
NAME	KASSMAN, BRUCE
STREET ADDRESS	100 S BISCAYNE BLVD STE 1100
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	T
NAME	KATZ, LEONARD
STREET ADDRESS	100 S. BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33131
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: Leonard Katz \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

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