

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90100 032 ****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

DO NOT WRITE IN THIS SPACE

02192008 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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IN THIS SPACE**

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

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
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
DAHAN, PHIL
100 S BISCAYNE BLVD STE 1100
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
HOLLO, JERRY
100 S BISCAYNE BLVD STE 1100
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
KASSMAN, BRUCE
100 S BISCAYNE BLVD STE 1100
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
KATZ, LEONARD
100 S. BISCAYNE BLVD
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #