## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000008065

FILED Feb 26, 2009 Secretary of State

Entity Name: BRICKELL BAY PLAZA MASTER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

100 S. BISCAYNE BLVD. SUITE 900 MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

100 S. BISCAYNE BLVD. SUITE 900 MIAMI, FL 33131

FEI Number: 20-1523477 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DAHAN, PHILIP 100 S. BISCAYNE BLVD. SUITE 900 MIAMI, FL 33131 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:

Electronic Signature of Registered Agent

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: DAHAN, PHIL

Address: 100 S BISCAYNE BLVD STE 1100

City-St-Zip: MIAMI, FL 33131

Title: DST () Delete

Name: HOLLO, JERRY

Address: 100 S BISCAYNE BLVD STE 1100

City-St-Zip: MIAMI, FL 33131

Title: DV () Delete Name: KASSMAN, BRUCE

Address: 100 S BISCAYNE BLVD STE 1100

City-St-Zip: MIAMI, FL 33131

 Title:
 T
 ( ) Delete

 Name:
 KATZ, LEONARD

 Address:
 100 S. BISCAYNE BLVD

 City-St-Zip:
 MIAMI, FL 33131

Title: DP (X) Change ( ) Addition

Name: DAHAN, PHIL

Address: 100 S BISCAYNE BLVD STE 900

City-St-Zip: MIAMI, FL 33131

Title: DST (X) Change ( ) Addition

Name: HOLLO, JERRY

Address: 100 S BISCAYNE BLVD STE 900

City-St-Zip: MIAMI, FL 33131

Title: DV (X) Change ( ) Addition

Name: KASSMAN, BRUCE

Address: 100 S BISCAYNE BLVD STE 900

City-St-Zip: MIAMI, FL 33131

Name: KATZ, LEONARD

Address: 100 S. BISCAYNE BLVD STE 900

City-St-Zip: MIAMI, FL 33131

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: LEONARD KATZ T 02/26/2009