

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006103

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: BRICKELL WEST, A CONDOMINIUM ASSOCIATION INC.

## Current Principal Place of Business:

445 SW 11TH STREET  
#100  
MIAMI, FL 33130

## New Principal Place of Business:

445 SW 11TH STREET  
MIAMI, FL 33130

## Current Mailing Address:

13831 SW 59 ST  
106  
MIAMI, FL 33183 US

## New Mailing Address:

PO BOX 653637  
MIAMI, FL 33265 US

FEI Number: 01-0754904

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LANDRIAN, FRANK CAM  
701 BRICKELL AVE.  
1550  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

PEREZ-SIAM, FRANK  
7001 SW 87 CT  
MIAMI, FL 33173 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: F.P.

04/24/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ECHEVARRIA, ANDREA  
Address: 445 SW 11TH ST. #408  
City-St-Zip: MIAMI, FL 33130

Title: T ( ) Delete  
Name: PINEDA, ADRIANA  
Address: 445 SW 11TH ST. #402  
City-St-Zip: MIAMI, FL 33130

Title: S ( ) Delete  
Name: CASTELLON, MAYBEL  
Address: 445 SW 11TH ST. #207  
City-St-Zip: MIAMI, FL 33130

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FARMER, ESTHER  
Address: PO BOX 653637  
City-St-Zip: MIAMI, FL 33265

Title: T (X) Change ( ) Addition  
Name: GARCIA, JOSE  
Address: PO BOX 653637  
City-St-Zip: MIAMI, FL 33265

Title: S (X) Change ( ) Addition  
Name: MIRANDA, TRICIA  
Address: PO BOX 653637  
City-St-Zip: MIAMI, FL 33265

Title: VP ( ) Change (X) Addition  
Name: FINCH, PETER  
Address: PO BOX 653637  
City-St-Zip: MIAMI, FL 33265

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: E.F.

PRE

04/24/2009

Electronic Signature of Signing Officer or Director

Date