2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008158

FILED Apr 23, 2009 Secretary of State

Entity Name: BRICKELL COURTS TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
235 SW 1 UNIT 102 MIAMI, FL					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
235 SW 1 UNIT 102 MIAMI, FL					
FEI Number	r: 20-3305693	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
235 SW 1 UNIT 102	AS-BARRERC 7TH ROAD . 33129 US), NALY			
	e named entity te of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	MEJIA, MARTA	ROAD, UNIT 104	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CARRILLO, R	ROAD, UNIT 103	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	CARDENAS-B) Delete ARRERO, ALEXANDRA ROAD, UNIT 102 129	Title: Name: Address: City-St-Zip:	() Change () Addition	
City-St-Zip:		\ Doloto	Title:	() Change () Addition	
City-St-Zip: Title: Name: Address: City-St-Zip:	DOMINGUEZ,	ROAD, UNIT 105	Name: Address: City-St-Zip:		
Title: Name: Address:	DOMINGUEZ, 235 SW 17TH MIAMI, FL 33 D (LAHRSSEN, C	ELIZABETH ROAD, UNIT 105 129) Delete ARLOS ROAD, UNIT 106	Name: Address:	() Change () Addition	

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: CARLOS LAHRSSEN D 04/23/2009