2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Mar 03, 2006 8:00 am Secretary of State 03-03-2006 90102 050 ****61.25 DOCUMENT # N05000010384 BRIELLA NO. 3 CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 10320 TRIVERO TERR 10320 TRIVERO TERR BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437 2, Principal Place of Business 3. Mailing Address G.R.S. MANAGEMENT ASSOCIATES, INC. G.R.S. MANAGEMENT ASSOCIATES, INC. 02162006 CR2E037 (11/05) 3900 WOODLAKE BLVD. SUITE 309 3900 WOODLAKE BLVD. SUITE 309 Applied For 4. FEI Number CIVARE WORTH, FL 33463 LAREWORTH, FL 33463 Not Applicable Country \$8.75 Additional . 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLETCHER, PATRICIA K Street Address (P.O. Box Number is Not Acceptable) 200 S BISCAYNE BLVD SUITE 3400 MIAMI, FL 33437 City Zip Code 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. DATE (NOTE; Registered Agent signature required when reinstating) Signature, typied or printed name of registered agent and title it applicable 9. Election Campaign Financing Make check payable to ". Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State ... Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE Addition Delete TITLE NAME MARGLOLIS, STEPHEN NAME 825 CORAL RIDGE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33071 CITY-ST-ZIP VD Addition TITLE ☐ Delete Change GLUCKMAN, NICHOLAS NAME NAME 825 CORAL RIDGE DR STREET ADDRESS STREET ADDRESS CORAL SPRINGS, FL 33071 CITY-ST-ZIP CITY-ST-ZIP STD Delete TITLE Change Addition TITLE GOMEZ, ALBERT NAME NAME STREET ADDRESS 825 CORAL RIDGE DR STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33071 CITY-ST-ZIP □ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change - Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information eand accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director and the accurate this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if all other like empowered. 12. I hereby certify that the information supplied with the indicated on this report or supplemental report is in of the corporation or the receiver or trustee er changed, or on an attachment with an address SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED