

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26717 (1)

1. Corporation Name

BRICKELL AREA ASSOCIATION, INC.

Principal Place of Business

Mailing Address

600 BRICKELL AVE
SUITE 800
MIAMI FL 33131
US

100 SE SECOND STREET
SUITE 800
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1988

3a. Date of Last Report

03/26/1996

4. FEI Number

65-0077257

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 Suite 800

23 City & State

24 Zip

25 Country

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2a. Mailing Address

26 600 BRICKELL AVE

27 Suite, Apt. #, etc.

28 SUITE 800

29 City & State

30 MIAMI, FL

31 Zip

32 33131

33 Country

34

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERSH, BARRY M
10 SE 2ND STREET
SUITE 2200
MIAMI FL 33131

81 Name

82 Thomas Green

83 Street Address (P.O. Box Number is Not Acceptable)

84 Taylor & Mathis

85 777 Brickell Ave. Suite 610

86 City

87 miami

88 FL

89 Zip Code

90 33131

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

Thomas Green

8/8/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D

STREET ADDRESS HERSH, BARRY

CITY-ST-ZIP 100 SE 2 STREET, SUITE 2200

MIAMI FL

TITLE ☐ DELETE

NAME COCKRUM, LORETTA

STREET ADDRESS 600 BRICKELL STE 600

CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME WHIPPLE, JEAN

STREET ADDRESS 520 BRICKELL KEY

CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME KELLY, J. MEGAN

STREET ADDRESS 501 BRICKELL KEY DR #102

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME TIETJEN, EDWARD

STREET ADDRESS 13851 SW 106 STREET

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME BERRY, STUART A.

STREET ADDRESS 777 BRICKELL AVE

CITY-ST-ZIP MIAMI FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

8/8/97

577-0277

CR2E037 (4/97)

FILED
Aug 12 1997 8:00am
Secretary of State

