

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90131 049 ****61.25

DOCUMENT # N26717

1. Corporation Name

BRICKELL AREA ASSOCIATION, INC.

Principal Place of Business

**600 BRICKELL AVE
SUITE 800
MIAMI FL 33131
US**

Mailing Address

**600 BRICKELL AVE
SUITE 800
MIAMI FL 33131
US**



2. Principal Place of Business

21 1428 Brickell Avenue

2a. Mailing Address

26

Suite, Apt. #, etc.

22 Suite 200

Suite, Apt. #, etc.

27

City & State

23 Miami FL

City & State

28

Zip

24 33131

Country

25

Zip

29

Country

30

3. Date Incorporated or Qualified

06/01/1988

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**

Trust Fund Contribution

9. Name and Address of Current Registered Agent

**GREEN, THOMAS
TAYLOR & MATHIS
777 BRICKELL AVE., SUITE 610
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **HOLZBERG, JOHN**
STREET ADDRESS **1177 KANE CONCOURSE**
CITY-ST-ZIP **BAY HARBOR FL 33154**

TITLE **VPD** ☐ DELETE

NAME **WHIPPLE, JEAN**
STREET ADDRESS **520 BRICKELL KEY**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ DELETE

NAME **KELLY, J. MEGAN**
STREET ADDRESS **501 BRICKELL KEY DR #102**
CITY-ST-ZIP **MIAMI FL**

TITLE **T** ☐ DELETE

NAME **TIETJEN, EDWARD**
STREET ADDRESS **18500 SW 78TH PLACE**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☐ DELETE

NAME **GREEN, THOMAS**
STREET ADDRESS **777 BRICKELL AVE., SUITE 610**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: X **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)