2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 30, 2009
Secretary of State

DOCUMENT# N26717

Entity Name: BRICKELL AREA ASSOCIATION, INC.

Current Principal Place of Business:

777 BRICKELL AVENUE
SUITE 808
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

777 BRICKELL AVENUE
SUITE 808
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 65-0077257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KONSLER, GLORIA
777 BRICKELL
SUITE 808
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VPD	(X) Delete
Name:	PEARL, MARC	
Address:	95 MERRIC WAY SUITE 380	
City-St-Zip:	CORAL GABLES, FL 33134 US	
Title:	P	( ) Delete
Name:	OLEN, RANDY	
Address:	777 BRICKELL, STE 900	
City-St-Zip:	MIAMI, FL 33131 US	
Title:	T	( ) Delete
Name:	ROSS, BILL	
Address:	2400 NE 2ND AVE, STUDIO B	
City-St-Zip:	MIAMI, FL 33137 US	
Title:	S	( ) Delete
Name:	FEISST, JOY	
Address:	801 BRICKELL AVENUE	
City-St-Zip:	MIAMI, F 33131 US	
Title:	VPD	(X) Delete
Name:	JONES, CHARLES	
Address:	1000 BRICKELL, STE 400	
City-St-Zip:	MIAMI, FL 33131 US	
Title:	PP	( ) Delete
Name:	WALTERS, CARL	
Address:	1428 BRICKELLL AVE, STE 700	
City-St-Zip:	MIAMI, FL 33131 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: GLORIA KONSLER MRS. 06/30/2009

Electronic Signature of Signing Officer or Director — Date