

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26717

FILED  
Apr 13, 2010  
Secretary of State

**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: P  
Name: OLEN, RANDY  
Address: 777 BRICKELL, STE 900  
City-St-Zip: MIAMI, FL 33131 US

Title: T  
Name: ROSS, BILL  
Address: 2400 NE 2ND AVE, STUDIO B  
City-St-Zip: MIAMI, FL 33137 US

Title: VP  
Name: PONCE, DANNY  
Address: 501 BRICKELL KEY DRIVE  
City-St-Zip: MIAMI, F 33131 US

Title: PP  
Name: WALTERS, CARL  
Address: 1428 BRICKELLL AVE, STE 700  
City-St-Zip: MIAMI, FL 33131 US

Title: S  
Name: TAVARES, CHARLES  
Address: 444 BRICKELL AVE, STE 415  
City-St-Zip: MIAMI, FL 33131

I hereby 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 all other like empowered.

SIGNATURE: RANDY OLEN

P

04/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date