

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34786

FILED
May 23, 2009
Secretary of State

Entity Name: BRICKELL FOREST ESTATES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2401 S MIAMI AVE
MIAMI, FL 33129 US

New Principal Place of Business:

Current Mailing Address:

2401 S MIAMI AVE
MIAMI, FL 33129 US

New Mailing Address:

FEI Number: 65-0150880 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRICKELL FOREST ESTATES CONDO ASSOC INC
2401 S MIAMI AVE
MIAMI, FL 33129 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: D () Delete
Name: HALL, GREGORY R
Address: 2401 S. MIAMI AVE.
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: JELKE, THOMAS
Address: 2403 S. MIAMI AVENUE
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: YNESTROZA, RENEE
Address: 2411 S. MIAMI AVE.
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: BANCHS, WILLIAM
Address: 2407 S. MIAMI AVE.
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: BARBEE, ROY
Address: 2405 S. MIAMI AVE
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: BARRATT, PETER
Address: 2409 S. MIAMI AVE.
City-St-Zip: MIAMI, FL

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
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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: GREGORY HALL

D

05/23/2009

Electronic Signature of Signing Officer or Director

Date