

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N38073 (5)**  
1. Corporation Name  
**BRICKELL HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business C/O T. SINCLAIR JACOBS 195 SW 15TH RD SUITE 203 MIAMI FL 33129 US	Mailing Address C/O T. SINCLAIR JACOBS 195 SW 15TH RD SUITE 203 MIAMI FL 33129-1148 US
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3. Date Incorporated or Qualified <b>05/10/1990</b>	3a. Date of Last Report <b>06/13/1996</b>
4. FEI Number <b>65-0198700</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	25 29 30

9. Name and Address of Current Registered Agent  
**JACOBS, T, SINCLAIR  
195 SW 15TH RD  
SUITE 203  
MIAMI FL 33129**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JACOBS, T. SINCLAIR	
STREET ADDRESS	195 SW 15TH RD #203	
CITY - ST - ZIP	MIAMI FL 33129	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PANJABI, VEENA	
STREET ADDRESS	1541 BRICKELL AVENUE	
CITY - ST - ZIP	MIAMI FL 33129	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MININBERG, NORMAN	
STREET ADDRESS	1901 BRICKELL AVE	
CITY - ST - ZIP	MIAMI FL 33129	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAILEY, HERBERT	
STREET ADDRESS	2400 BRICKELL AVENUE	
CITY - ST - ZIP	MIAMI FL 33129	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEFORTUNA, EDGARDO	
STREET ADDRESS	1925 BRICKELL AVE	
CITY - ST - ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>SD MAC SELIGMAN</b>
5.3 STREET ADDRESS	<b>2451 Brickell Ave.</b>
5.4 CITY - ST - ZIP	<b>Miami, FL 33129</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *T. Sinclair Jacobs* DATE: **3/8/97** DAYTIME PHONE: **305 858-9699**

CR2E037 (9/96)