

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38073

FILED
Apr 12, 2006
Secretary of State

Entity Name: BRICKELL HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

145 SE 25TH RD
SUITE 1002
MIAMI, FL 331292438 US

New Principal Place of Business:

Current Mailing Address:

145 SE 25TH RD
SUITE 1002
MIAMI, FL 331292438 US

New Mailing Address:

FEI Number: 65-0198700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, T, SINCLAIR
145 SE 25TH RD
SUITE 1002
MIAMI, FL 331292438 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: PD () Delete
Name: JACOBS, T. SINCLAIR,
Address: 145 SE 25TH RD STE 1002
City-St-Zip: MIAMI, FL 33129

Title: VD () Delete
Name: MALOOF, AL
Address: 1155 BRICKELL BAY DRIVE, #2010
City-St-Zip: MIAMI, FL 33131

Title: TD () Delete
Name: CUESTA, ERNESTO
Address: 2475 BRICKELL AVE., #1203
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: BAILEY, HERBERT
Address: 2400 BRICKELL AVENUE, # 101 D
City-St-Zip: MIAMI, FL 33129

Title: SD () Delete
Name: SELIGMAN, MAC
Address: 2451 BRICKELL AVE, #5 H
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: BRUCE, CLAUDIA
Address: 2127 BRICKELL AVE., #2501
City-St-Zip: MIAMI, FL 33129

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

Title: CHD (X) Change () Addition
Name: BAILEY, HERBERT
Address: 2400 BRICKELL AVENUE, # 101 D
City-St-Zip: MIAMI, FL 33129

Title: SD (X) Change () Addition
Name: DIAZ, JOE E
Address: 1581 BRICKELL AVE., #1101
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the 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: T. SINCLAIR JACOBS

PRES

04/12/2006

Electronic Signature of Signing Officer or Director

Date