2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38073

FILED Jul 11, 2008 Secretary of State

Entity Name: BRICKELL HOMEOWNERS ASSOCIATION, INC.

Current Pi	rincipal Place of Business:	New Principal I	Place of Business:
145 SE 25			
SUITE 100 MIAMI EI	¹² 331292438 US		
VII/~IVII, I ∟	331232436 03		
Current M	ailing Address:	New Mailing A	ddress:
145 SE 25 ⁻	TH RD		
SUITE 100	2 331292438 US		
VIIAIVII, FL	331292436 03		
	65-0198700 FEI Number Applied For () Fice with s. 607.193(2)(b), F.S., the corporation did not rec	El Number Not Applicable eive the prior notice.	() Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Add	ress of New Registered Agent:
145 SE 25 ⁻ SUITE 100	2		
VIIAIVII, FL	331292438 US		
The above	331292438 US named entity submits this statement for the purpo of Florida.	ose of changing its reg	gistered office or registered agent, or both,
The above	named entity submits this statement for the purpo e of Florida.	ose of changing its reg	gistered office or registered agent, or both,
The above n the State	named entity submits this statement for the purpo e of Florida.	ose of changing its reg	gistered office or registered agent, or both, Date
The above n the State SIGNATUF	named entity submits this statement for the purpo e of Florida. RE:		
The above n the State SIGNATUF	named entity submits this statement for the purpose of Florida. RE: Electronic Signature of Registered Agent		 Date
The above n the State SIGNATUR DFFICERS Title: Name:	named entity submits this statement for the purpose of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: PD () Delete JACOBS, T. SINCLAIR,	ADDITIONS/CH Title: Name:	Date HANGES TO OFFICERS AND DIRECTOR
The above n the State SIGNATUF DFFICERS Title: Name: Address:	named entity submits this statement for the purpose of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: PD () Delete JACOBS, T. SINCLAIR, 145 SE 25TH RD STE 1002	ADDITIONS/CH Title: Name: Address:	Date HANGES TO OFFICERS AND DIRECTOR
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The above n the State SIGNATUR OFFICERS Fitle: Name: Address: City-St-Zip:	named entity submits this statement for the purpose of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: PD () Delete JACOBS, T. SINCLAIR, 145 SE 25TH RD STE 1002 MIAMI, FL 33129 VPD () Delete	ADDITIONS/CH Title: Name: Address:	Date HANGES TO OFFICERS AND DIRECTOR
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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: T. SINCLAIR JACOBS PRES 07/11/2008