

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000005766

**Entity Name:** THE CLUB AT BRICKELL BAY PLAZA CONDOMINIUM  
ASSOCIATION, INC.**FILED**  
**Mar 25, 2020**  
**Secretary of State**  
**7833753389CC****Current Principal Place of Business:**1200 BRICKELL BAY DRIVE  
SUITE 1400  
MIAMI, FL 33131**Current Mailing Address:**1200 BRICKELL BAY DRIVE  
SUITE 1400  
MIAMI, FL 33131**FEI Number: 20-1213880****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SKRLD, INC.  
201 ALHAMBRA CIRCLE, 11TH FLOOR  
CORAL GABLES, FL 33134 US*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: GARY MARS, ESQ.****03/25/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** TREASURER  
**Name** JANSSEN , MAURICE  
**Address** 1200 BRICKELL BAY DRIVE  
SUITE 1400  
**City-State-Zip:** MIAMI FL 33131**Title** PRESIDENT  
**Name** DE BORBON, KARL  
**Address** 1200 BRICKELL BAY DRIVE  
SUITE 1400  
**City-State-Zip:** MIAMI FL 33131**Title** DIRECTOR  
**Name** CATON, MARK  
**Address** 1200 BRICKELL BAY DRIVE  
SUITE 1400  
**City-State-Zip:** MIAMI FL 33131**Title** SECRETARY  
**Name** AHMAD, JUAN CARLOS  
**Address** 1200 BRICKELL BAY DRIVE  
SUITE 1400  
**City-State-Zip:** MIAMI FL 33131**Title** VP  
**Name** BAIN, GEOFFREY  
**Address** 1200 BRICKELL BAY DRIVE  
SUITE 1400  
**City-State-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: DE BORBON, KARL****PRESIDENT****03/25/2020**

Electronic Signature of Signing Officer/Director Detail

Date