

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 20 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 717271 (1)**  
1. Corporation Name  
**LAS BRISAS, ASSOCIATION, INC.**



Principal Place of Business <b>1939 JEFFERSON STREET HOLLYWOOD FL 33020</b>	Mailing Address <b>1939 JEFFERSON STREET HOLLYWOOD FL 33020</b>
--	--

3. Date Incorporated or Qualified <b>10/01/1969</b>	
4. FEI Number <b>59-2383827</b>	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MAIMON, MOSHE  
7534 BLACK OLIVE WAY  
TAMARAC FL 33321**

10. Name and Address of New Registered Agent

81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	FL	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, 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: *M. Maimon* **Moshe Maimon Director** 3/24/98  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when circulating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	VP	<input type="checkbox"/>
NAME	MAIMON, MOSHE	
STREET ADDRESS	7534 BLACK OLIVE WAY	
CITY-ST-ZIP	TAMARAC FL	
TITLE	P	<input type="checkbox"/>
NAME	WOLF, ED	
STREET ADDRESS	1939 JEFFERSON STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	ST	<input checked="" type="checkbox"/>
NAME	FLORIAN, MARIA	
STREET ADDRESS	13730 SR 84, SUITE 261	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	D	<input checked="" type="checkbox"/>
NAME	FRENCH, GERALD	
STREET ADDRESS	1939 JEFFERSON STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/>
NAME	CHERRY, KATHLEEN	
STREET ADDRESS	1939 JEFFERSON STREET, UNIT 203	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Maimon, Moshe		
1.3 STREET ADDRESS	7534 Black Olive Way		
1.4 CITY-ST-ZIP	Tamarac, FL 33321		
2.1 TITLE	VP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Livia Bojan		
2.3 STREET ADDRESS	1939 Jefferson Street, Unit 101		
2.4 CITY-ST-ZIP	Hollywood FL 33020		
3.1 TITLE	ST	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Regina Foley		
3.3 STREET ADDRESS	1939 Jefferson Street		
3.4 CITY-ST-ZIP	Hollywood, FL 33020		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	ST	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	CHERRY, KATHLEEN		
5.3 STREET ADDRESS	1939 JEFFERSON STREET, UNIT 203		
5.4 CITY-ST-ZIP	HOLLYWOOD FL 33020		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ed Wolf* **President** 3/24/98 954-926-6141  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001500

CR2E037 (10/97)