

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

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

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

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