


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90105 043 ****61.25

DOCUMENT # 717271
 1. Entity Name
 LAS BRISAS, ASSOCIATION, INC.



Principal Place of Business
 1939 JEFFERSON STREET
 HOLLYWOOD, FL 33020

Mailing Address
 1939 JEFFERSON STREET
 HOLLYWOOD, FL 33020

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country
 Zip Country

03092006 Chg-NP CR2E037 (11/05)

4. FEI Number
 59-2383827

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLF, ED
 1939 JEFFERSON
 SUITE 404
 HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLF, ED 1939 JEFFERSON 404 HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wolf <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ABBOTONI, GUY 2116 TYLER STREET HOLLYWOOD, FL 33020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Berg, Wolfgang <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1505 Tyler Street Hollywood, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERG, WOLFGANG 1505 TYLER STREET HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Eve Christiansen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1939 Jefferson Street, 102 Hollywood, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAUGHEAD, MARY 320 POLK ST. HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Laughead <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGAN, ALEJA 1939 JEFFERSON ST #401 HOLLYWOOD, FL 33020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edmund Wolf - Edmund WOLF Date: March 9, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

40060600



954-926-6141