2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717271

FILED May 01, 2008 Secretary of State

Entity Name: LAS BRISAS, ASSOCIATION, INC.			
Current Pr	incipal Place of Business:	New Prince	cipal Place of Business:
1939 JEFFERSON STREET HOLLYWOOD, FL 33020			
Current Mailing Address:		New Mailing Address:	
	ERSON STREET OD, FL 33020		
FEI Number: 59-2383827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
Name and Address of Current Registered Agent: Name a			Address of New Registered Agent:
WOLF, ED 1939 JEFF SUITE 404 HOLLYWO	ERSON		
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:			
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () Delete WOLF, ED 1939 JEFFERSON 404 HOLLYWOOD, FL 33020	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition CHRISTIANSEN, EVE 1939 JEFFERSON 404 HOLLYWOOD, FL 33020
Title: Name: Address: City-St-Zip:	V () Delete CHRISTIANSEN, EVE 1939 JEFFERSON ST., #102 HOLLYWOOD, FL 33020	Title: Name: Address: City-St-Zip:	V (X) Change () Addition BERG, PETER 1939 JEFFERSON ST., #102 HOLLYWOOD, FL 33020
Title: Name: Address: City-St-Zip:	BM () Delete LAUGHEAD, MARY 320 POLK ST. HOLLYWOOD, FL 33019	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	TD () Delete PHILLIPS, FRED 1939 JEFFERSON, 101 HOLLYWOOD, FL 33020	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SD () Delete JOHNSON, MARCY 1939 JEFFERSON ST., 103 HOLLYWOOD, FL 33020	Title: Name: Address: City-St-Zip:	() Change () Addition

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: EVE CHRISTIANSEN Ρ 05/01/2008