

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortum
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **749269** (7)

95 MAR 15 AM 11:09

1. Corporation Name
LAS BRISAS CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
601 SOUTH FIRST STREET JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/10/1979** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2182732** Applied For Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**THE WINTERFIELD GROUP
1916 ATLANTIC BLVD
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent
81 Name **RICHARD M. GRAY, CPA**
82 Street Address (P.O. Box Number is Not Acceptable) **1649 Atlantic Blvd**
83 **SUITE 1**
84 City **JACKSONVILLE** FL 85 Zip Code **32207**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or 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 607.0505, Florida Statutes.

SIGNATURE *Richard M. Gray*
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS	
TITLE	S
NAME	MACENULTY, MARY
STREET ADDRESS	7242 COLEDA DR
CITY-ST-ZIP	JACKSONVILLE FL 32240
TITLE	D
NAME	PULEO, ROSE
STREET ADDRESS	2257 HYDE PARK ROAD
CITY-ST-ZIP	JACKSONVILLE FL 32210
TITLE	PD
NAME	STUTTS, WALTER
STREET ADDRESS	601 S FIRST ST 5B
CITY-ST-ZIP	JACKSONVILLE BCH FL
TITLE	T
NAME	HUTCHINSON, JAMES
STREET ADDRESS	2160 SPANISH MOSS DR
CITY-ST-ZIP	JACKSONVILLE FL 32218
TITLE	D
NAME	GRAY, RICHARD M
STREET ADDRESS	1829 SELVA GRANDE DR
CITY-ST-ZIP	ATLANTIC BCH FL 32233
TITLE	D
NAME	PATTERSON, ALLEN, C
STREET ADDRESS	601 S FIRST ST 7H
CITY-ST-ZIP	JACKSONVILLE BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALLEN PATTERSON	
1.3 STREET ADDRESS	601 SOUTH FIRST ST	
1.4 CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RICHARD HOUCK	
2.3 STREET ADDRESS	601 south first st 3-D	
2.4 CITY-ST-ZIP	32250	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	IAN PATRICK	
3.3 STREET ADDRESS	601 SOUTH FIRST ST	
3.4 CITY-ST-ZIP	4-g 32250	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RICHARD M. GRAY	
4.3 STREET ADDRESS	1829 SELVA GRANDE DR	
4.4 CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DANIEL SCHELLHASE	
5.3 STREET ADDRESS	14650 ISLAND DR	
5.4 CITY-ST-ZIP	JACKSONVILLE-BCH 32250	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ROSE PULEO	
6.3 STREET ADDRESS	601 SOUTH FIRST ST 6-D	
6.4 CITY-ST-ZIP	32250	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard M. Gray*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
RICHARD M. GRAY

3/5/95 904/396-1/58
Date Daytime Phone #