


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749269 (7)
 1. Corporation Name
LAS BRISAS CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified 10/10/1979	3a. Date of Last Report 03/15/1995
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2. Principal Place of Business	2a. Mailing Address
21 10036 Sawgrass Drive	26 P.O. Box 1159
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 3	27
City & State	City & State
23 Ponte Vedra Beach, FL	28 Ponte Vedra Beach, FL
Zip	Country
24 32082	25 St. Johns
29 32004	30 St. Johns

4. FEI Number 59-2182732	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GRAY, RICHARD M CPA
1649 ATLANTIC BLVD
SUITE 1
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
Donald Munch

82 Street Address (P.O. Box Number is Not Acceptable)
Four Seasons Management

83 **10036 Sawgrass Drive, Suite 3**

84 City
Ponte Vedra Beach

85 Zip Code
FL 32082

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, 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 617.0503, Florida Statutes.

SIGNATURE *Donald Munch* DATE *4/2/96*

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

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PB--	<input type="checkbox"/>
NAME	PATTERSON, ALLEN	
STREET ADDRESS	601 SOUTH FIRST ST 7-H	
CITY - ST - ZIP	JACKSONVILLE BEACH FL	
TITLE	D---	<input type="checkbox"/>
NAME	HOUCK, RICHARD	
STREET ADDRESS	601 SOUT FIRST ST 3-D	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	S---	<input checked="" type="checkbox"/>
NAME	PATRICK, JAN----	
STREET ADDRESS	601 SOUTH FIRST ST 4-G-	
CITY - ST - ZIP	JACKSONVILLE BCH FL---	
TITLE	F--	<input checked="" type="checkbox"/>
NAME	GRAY, RICHARD M -	
STREET ADDRESS	1820 SELVA GRANDE DR	
CITY - ST - ZIP	ATLANTIC BEACH FL----	
TITLE	D---	<input checked="" type="checkbox"/>
NAME	SCHELLHASE, DANIEL--	
STREET ADDRESS	14650 ISLAND DR---	
CITY - ST - ZIP	JACKSONVILLE FL----	
TITLE	D--	<input type="checkbox"/>
NAME	PULEO, ROSE	
STREET ADDRESS	601 SOUTH FIRST ST 6-D	
CITY - ST - ZIP	JACKSONVILLE BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE	VPD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Kicklighter, Mary		
3.3 STREET ADDRESS	601 South 1st Street 1-D		
3.4 CITY - ST - ZIP	Jacksonville Beach, FL 32250		
4.1 TITLE	TD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	MacEnulty, Mary		
4.3 STREET ADDRESS	7243 Kolada Drive		
4.4 CITY - ST - ZIP	Jacksonville, FL 32210		
5.1 TITLE	D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	McKee, Diana		
5.3 STREET ADDRESS	601 South 1st Street		
5.4 CITY - ST - ZIP	Jacksonville Beach, FL 32250		
6.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	30000186588		
6.3 STREET ADDRESS	-06/18/96--01132--012		
6.4 CITY - ST - ZIP	***61.25		

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 119.07(3)(k), 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: *Mary MacEnulty* DATE *5/1/96* DAYTIME PHONE # *(904) 781-9217*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)