NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 749269

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LAS BRISAS CONDOMINIUM ASSOCIATION, INC.

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**GRAY, RICHARD M CPA - 1649 ATLANTIC BLVD - SUITE 1 - JACKSONVILLE FI-32207 **B1 Name	
Street Address (P.O. Box Number is Not Acceptable) Four Seasons Management 33 10036 Sawgrass Drive, Suite 3	
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- JACKSONWH F-FI-92907	
84 City 85 Zip Code	
Ponte Vedra Beach	
11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statutes, the above named comporation submits this statement for the purpose of changing its registered.	d 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 a familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	ıam
SIGNATURE Went Ween	
Signature, spect or printed name of registered agent and title if applicative (NOTE Registered Agent) signature respond when reinstating DATE 12. OFFICERS AND DIRECTORS 13. ADD TIONS*C-IANGES TO OFFICERS AND DIRECTORS IN 12.	
12. OFFICERS AND DIRECTORS 13. ADD TIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PB DELETE 11 TITLE VPD R Change Additional Property of the Page 11 Title PD - Additional Property of the Page 12 Title PD - Additional Property of the Page 12 Title PD - Additional Property of the Page 13 Title PD - Additional Property of the Page 13 Title PD - Additional Property of the Page 13 Title PD - Additional Property of the Page 13 Title PD - Additional Property of the Page 13 Title PD - Additional Property of the Page 13 Title PD - Additional Property of the Page 13 Title PD - Additional Property of the Page 14 Title PD - Additional Property of the Page 14 Title PD - Additional Property of the Page 14 Title PD - Additional Property of the Page 14 Title PD - Additional Property of the Page 14 Title PD - Additional Property of the Page 14 Title PD - Additional Property of the Page 14 Title PD - Additional Property of the Page 14 Title PD - Additional PD - Addition	
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4. 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: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thory The frully Scraw 5/1/96 (904) 781-9219

CR2E037 (12/95)