

FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 749269 (7)
1. Corporation Name
LAS BRISAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
10036 SAWGRASS DR. PO BOX 1159
SUITE 3 PONTE VEDRA BEACH FL 32004-1159
PONTE VEDRA BEACH FL 32082

3. Date incorporated or Qualified 10/10/1979 3a. Date of Last Report 05/01/1996
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
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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUNCH, DONALD
FOUR SEASONS MANAGEMENT
10036 SAWGRASS DR., STE. 3
PONTE VEDRA BEACH FL 32082

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD PATTERSON, ALLEN 601 SOUTH FIRST ST 7-H JACKSONVILLE BEACH FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD HOUCK, RICHARD 601 SOUT FIRST ST 3-D JACKSONVILLE FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	X KICKLIGHTER, MARY 601 SOUTH FIRST ST. 2-D JACKSONVILLE BCH FL 32250	3.1 TITLE	VP
NAME		3.2 NAME	Kicklighter, Mary
STREET ADDRESS		3.3 STREET ADDRESS	601 South First St. 2-D
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250
TITLE	TD MAGENULTY, MARY 7243 KOLEDA DR. JACKSONVILLE FL 32210	4.1 TITLE	T
NAME		4.2 NAME	Stein, Delores
STREET ADDRESS		4.3 STREET ADDRESS	12242 Fort Caroline Rd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	D MCKEE, DIANA 601 SOUTH FIRST STREET JACKSONVILLE BEACH FL 32250	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	SD PULEO, ROSE 601 SOUTH FIRST ST 6-D JACKSONVILLE BCH FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-97
Date

241-0561
Daytime Phone # 0000028

CR2E037 (9/96)