


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 24 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 10036 SAWGRASS DR. SUITE 3 PONTE VEDRA BEACH FL 32082 | Mailing Address PO BOX 1159 PONTE VEDRA BEACH FL 32004 |
|---|--|

| | |
|---|--|
| 3. Date Incorporated or Qualified 10/10/1979 | |
| 4. FEI Number 59-2182732 | Applied For <input type="checkbox"/> 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 | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: P...)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | PATTERSON, ALLEN | |
| STREET ADDRESS | 601 SOUTH FIRST ST 7-H | |
| CITY-ST-ZIP | JACKSONVILLE BEACH FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | HOUCK, RICHARD | |
| STREET ADDRESS | 601 SOUTH FIRST ST 3-D | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | KICKLIGHTER, MARY | |
| STREET ADDRESS | 601 SOUTH FIRST ST. 2-D | |
| CITY-ST-ZIP | JACKSONVILLE BCH FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | STEIN, DELORES | |
| STREET ADDRESS | 12242 FORT CAROLINE RD | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MCKEE, DIANA | |
| STREET ADDRESS | 601 SOUTH FIRST STREET | |
| CITY-ST-ZIP | JACKSONVILLE BEACH FL 32250 | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | PULEO, ROSE | |
| STREET ADDRESS | 601 SOUTH FIRST ST 6-D | |
| CITY-ST-ZIP | JACKSONVILLE BCH FL | |

Jonell Blich
 Director
 Las Brisas Condominium Assoc.
 511 Oak Street #7-A
 Neptune Beach FL 32266

John Matz
 2001 S First Street #4F
 Jacksonville Bch. FL 32250

| | | |
|--------------------|--|--|
| 2.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I 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: *Mary C. Kicklighter* **3-26-98**

CR2E087 (10/97)