

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90035 011 ****61.25

DOCUMENT # 749269

1. Entity Name

LAS BRISAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10036 SAWGRASS DR.
 SUITE 3
 PONTE VEDRA BEACH FL 32082

PO BOX 1159
 PONTE VEDRA BEACH FL 32004-1159

2. Principal Place of Business

2180 W SR 434

3. Mailing Address

2180 W SR 434

Suite, Apt. #, etc.

STE 5000

Suite, Apt. #, etc.

STE 5000

City & State
 LONGWOOD FL

City & State
 LONGWOOD FL

4. FEI Number **59-2182732**

Applied For

Not Applicable

Zip
 32779

Country
 US

Zip
 32779

Country
 US

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

HART, JAMES W JR
 SENTRY MANAGEMENT, INC.
 2180 W SR 434 STE 5000
 LONGWOOD FL 32779-5044

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/3/00

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** Delete
 NAME **PATTERSON, ALLEN**
 STREET ADDRESS **601 SOUTH FIRST ST 7-H**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL**

TITLE **TD** Change Addition
 NAME
 STREET ADDRESS **1927 SECLUDED WOODS DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32266**

TITLE **PD** Delete
 NAME **HOUCK, RICHARD**
 STREET ADDRESS **601 SOUT FIRST ST 3-D**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** Change Addition
 NAME **MCDONOUGH, REGINA**
 STREET ADDRESS **601 STH FIRST ST 6F**
 CITY-ST-ZIP **JACKSONVILLE BCH FL 32250**

TITLE **I** Delete
 NAME **STEIN, DELORES**
 STREET ADDRESS **12242 FORT CAROLINE RD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** Change Addition
 NAME **MATZ, JOHN**
 STREET ADDRESS **601 STH FIRST ST 4F**
 CITY-ST-ZIP **JACKSONVILLE-BCH-FL 32250**

TITLE **D** Delete
 NAME **MCKEE, DIANA**
 STREET ADDRESS **601 SOUTH FIRST STREET**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **D** Change Addition
 NAME
 STREET ADDRESS **601 SOUTH FIRST ST 4G**
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **MCLEOD, TOM**
 STREET ADDRESS **601 STH FRIST ST 3G**
 CITY-ST-ZIP **JACKSONVILLE BCH FL 32250**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Change Addition
 NAME **PULEO, ROSE**
 STREET ADDRESS **601 STH FIRST ST 6D**
 CITY-ST-ZIP **JACKSONVILLE BCH FL 32250**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Diana McKee Diana McKee 11-21-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

247-6640