

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

0090817

DOCUMENT # 749269

1. Entity Name

LAS BRISAS CONDOMINIUM ASSOCIATION, INC.

04-04-2001 90116 021 ****61.25

Principal Place of Business

2180 W SR 434
 SUITE 5000
 LONGWOOD FL 32779
 US

Mailing Address

2180 W SR 434
 SUITE 5000
 LONGWOOD FL 32779
 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2182732

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TD	PATTERSON, ALLEN	1927 SECLUDED WOODS DR	JACKSONVILLE FL 32286	D			
<input checked="" type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change			<input type="checkbox"/> Addition
PD	MCDONOUGH, REGINA	601 5TH FIRST ST 6F	JACKSONVILLE BEACH FL 32250	TD	STINE, DELORES	12242 FORT CARDINE RD	JACKSONVILLE, FL 32250
<input type="checkbox"/> Delete				<input type="checkbox"/> Change			<input checked="" type="checkbox"/> Addition
D	MATZ, JOHN	601 5TH FIRST ST 4F	JACKSONVILLE BEACH FL 32250				
<input checked="" type="checkbox"/> Delete				<input type="checkbox"/> Change			<input type="checkbox"/> Addition
D	MCKEE, DIANA	601 S FIRST ST 4G	JACKSONVILLE BEACH FL 32250	SD			
<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change			<input type="checkbox"/> Addition
D	MCLEOD, TOM	601 5TH FIRST ST 3G	JACKSONVILLE BEACH FL 32250	VD			
<input checked="" type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change			<input type="checkbox"/> Addition
SD	ROSE, PULEO	601 5TH FIRST ST 6D	JACKSONVILLE BEACH FL 32250		PULEO, ROSE		
<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change			<input type="checkbox"/> Addition

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: *Delores Stine* **Delores Stine, Treasurer** ^{2/28/01} **641-8979**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)