

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 20, 2004
Secretary of State**

DOCUMENT# 749269

Entity Name: LAS BRISAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

MARVIN REAL ESTATE
1835 NORTH 3RD STREET
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

BMI
6015 MORROW ST., EAST, STE 107
JACKSONVILLE, FL 32217 US

Current Mailing Address:

BMI
6015 MORROW ST. EAST #107
JACKSONVILLE, FL 32217 US

New Mailing Address:

FEI Number: 59-2182732 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANNING, TERENCE K
C/O BMI
6015 MORROW ST. EAST #107
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: REGISTER, MARVIN B
Address: 5205 RIVERTON ROAD
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: MCDONOUGH, REGINA
Address: 601 1ST STREET SOUTH #7F
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: PD () Delete
Name: MCKEE, DIANA
Address: 601 1ST STREET SOUTH #6F
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VPD () Delete
Name: SMITH, ROBERT F
Address: PO BOX 51528
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: SD () Delete
Name: PULEO, ROSE
Address: 601 1ST STREET SOUTH #6D
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REGINA MCDONOUGH

D

04/20/2004

Electronic Signature of Signing Officer or Director

_____ Date