

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 17, 2006  
Secretary of State**

DOCUMENT# 749269

Entity Name: LAS BRISAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

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

**Current Mailing Address:**

**New Mailing Address:**

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

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

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BANNING MANAGEMENT INC  
6015 MORROW ST E 107  
JACKSONVILLE, FL 32217 US

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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: NADER, RANDY  
Address: 14689 PLIMOSA DR  
City-St-Zip: JACKSONVILLE, FL 32250

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

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

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

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

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

Title: D (X) Delete  
Name: JABOUR, JAY  
Address: 601 1ST STREET SOUTH #2D  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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 Chapter 119, 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: ROBERT SMITH

PD

04/17/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date