

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749269

FILED  
Apr 07, 2011  
Secretary of State

**Entity Name:** LAS BRISAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

BMI  
6028 CHESTER AVE # 105  
JACKSONVILLE, FL 32217 US

**Current Mailing Address:**

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

**New Mailing Address:**

BMI  
6028 CHESTER AVE # 105  
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:**

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

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

BANNING MANAGEMENT INC  
6028 CHESTER AVE  
SUITE 105  
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:

04/07/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: HAUSLER, WENDY  
Address: 601 S FIRST ST # 6A  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: PD  
Name: SMITH, ROBERT  
Address: 601 1ST STREET SOUTH #7A  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: SD  
Name: SHAMER, THOMAS  
Address: 601 S FIRST S # 5H  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby 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 all other like empowered.

SIGNATURE: ROBERT SMITH

PD

04/07/2011

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

\_\_\_\_\_  
Date