FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 15 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01638 (8)

1. Corporation Name

LAS BRISAS HOMEOWNERS' ASSOCIATION OF NEW SMYRNA BEACH, INC.

Principal Place of Business	Mailing Address
3001 S ATLANTIC AVE NEW SMYRNA BEACH FL 32169-3563	3001 S ATLANTIC AVE NEW SMYRNA BEACH FL 32169-3563

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1984
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-2435801 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

9. Name and Address of Current Registered Agent

NELSON, CARL L
3001 S. ATLANTIC AVE #531
NEW SMYRNA BCH FL 32069

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code: 32169

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☑ Change ☐ Addition
NAME	OCKULY, JACK	1.2 NAME	Edgar Genest
STREET ADDRESS	3001 S. ATLANTIC AVE #431	1.3 STREET ADDRESS	3001 S. Atlantic Ave #306
CITY-ST-ZIP	NEW SMYRNA BEACH FL	1.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168
TITLE	VD	2.1 TITLE	VD ☑ Change ☐ Addition
NAME	GENEST, EDGAR	2.2 NAME	Carl Nelson
STREET ADDRESS	3001 S. ATLANTIC AVE #306	2.3 STREET ADDRESS	3001 S. Atlantic Ave. #531
CITY-ST-ZIP	NEW SMYRNA BEACH FL	2.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169
TITLE	TD	3.1 TITLE	TD ☑ Change ☐ Addition
NAME	HARRIS, JULE	3.2 NAME	James Hickman
STREET ADDRESS	3001 S. ATLANTIC AVE #442	3.3 STREET ADDRESS	3001 S. Atlantic Ave. #203
CITY-ST-ZIP	NEW SMYRNA BEACH FL	3.4 CITY-ST-ZIP	New Smtrna Beach, FL 32169
TITLE	SD	4.1 TITLE	SD ☑ Change ☐ Addition
NAME	DEEN, MARGARET	4.2 NAME	Mario Pfisterer
STREET ADDRESS	3001 S. ATLANTIC AVE #402	4.3 STREET ADDRESS	3001 S. Atlantic Ave. #542
CITY-ST-ZIP	NEW SMYRNA BEACH FL	4.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169
TITLE	D	5.1 TITLE	D ☑ Change ☐ Addition
NAME	SCHEFSKY, HARVEY	5.2 NAME	William Malone
STREET ADDRESS	3001 S. ATLANTIC AVE #443	5.3 STREET ADDRESS	3001 S. Atlantic Ave. #205
CITY-ST-ZIP	NEW SMYRNA BEACH FL	5.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carl Nelson — 1/17/95 — 904-427-6602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000040