

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

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**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NELSON, CARL L
3001 S. ATLANTIC AVE #531
NEW SMYRNA BCH FL 32169**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☒ DELETE
NAME **NELSON, CARL**
STREET ADDRESS **3001 S ATLANTIC AVE #531**
CITY - ST - ZIP **NEW SMYRNA BEACH FL**

11 TITLE **PD** ☐ Change ☒ Addition
12 NAME **Carl Nelson**
13 STREET ADDRESS **3001 S. Atlantic Ave #531**
14 CITY - ST - ZIP **New Smyrna Beach, FL 32169**

TITLE **PD** ☒ DELETE
NAME **GENEST, EDGAR**
STREET ADDRESS **3001 S. ATLANTIC AVE #306**
CITY - ST - ZIP **NEW SMYRNA BEACH FL**

21 TITLE **VD** ☐ Change ☒ Addition
22 NAME **Mario Pfisterer**
23 STREET ADDRESS **3001 S. Atlantic Ave #542**
24 CITY - ST - ZIP **New Smyrna Beach, FL 32169**

TITLE **TD** ☐ DELETE
NAME **HICKMAN, JAMES**
STREET ADDRESS **3001 S ATLANTIC AVE #203**
CITY - ST - ZIP **NEW SMYRNA BEACH FL**

31 TITLE **SD** ☐ Change ☒ Addition
32 NAME **Peter Kramer**
33 STREET ADDRESS **3001 S. Atlantic Ave #421**
34 CITY - ST - ZIP **New Smyrna Beach, FL 32169**

TITLE **SD** ☒ DELETE
NAME **PFISTERER, MARIO**
STREET ADDRESS **3001 S ATLANTIC AVE #542**
CITY - ST - ZIP **NEW SMYRNA BEACH FL**

41 TITLE **D** ☐ Change ☒ Addition
42 NAME **Barbara Edwards**
43 STREET ADDRESS **3001 S. Atlantic Ave #423**
44 CITY - ST - ZIP **New Smyrna Beach, FL 32169**

TITLE **D** ☒ DELETE
NAME **MALONE, WILLIAM**
STREET ADDRESS **3001 S ATLANTIC AVE #205**
CITY - ST - ZIP **NEW SMYRNA BEACH FL**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL NELSON

Date

1/19/96

Daytime Phone #

427 6602

CR2E037 (12/95)