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FILED

**Jan 21 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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 32169-3583**

**3001 S ATLANTIC AVE
NEW SMYRNA BEACH FL 32169-3583**

3. Date Incorporated or Qualified
02/24/1984

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2435801

Applied For
 Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

24

25

29

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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARL NELSON	
STREET ADDRESS	300 S. ATLANTIC AVE., #531	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARIO PFISTRER	
STREET ADDRESS	3001 S. ATLANTIC AVE., #542	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PETER KRAMER	
STREET ADDRESS	3001 S. ATLANTIC AVE., #421	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARBARA EDWARDS	
STREET ADDRESS	3001 S. ATLANTIC AVE., #423	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MALONE, WILLIAM	
STREET ADDRESS	3001 S ATLANTIC AVE #205	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PETER KRAMER	
1.3 STREET ADDRESS	3001 S. Atlantic Ave., Ste 421	
1.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VD - JOHN OCKULY	
2.2 NAME	3001 S. Atlantic Ave., Ste.431	
2.3 STREET ADDRESS	NEW SMYRNA BEACH, FL 32169	
2.4 CITY-ST-ZIP		
3.1 TITLE	SD - PATRICIA VORPAGEL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	3001 S. Atlantic Ave., Ste 522	
3.3 STREET ADDRESS	NEW SMYRNA BEACH, FL 32169	
3.4 CITY-ST-ZIP		
4.1 TITLE	D - BARBARA EDWARDS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	3001 S. Atlantic Ave., Ste 423	
4.3 STREET ADDRESS	NEW SMYRNA BEACH, FL 32169	
4.4 CITY-ST-ZIP		
5.1 TITLE	D - FLEURETTE GENEST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	3001 S. Atlantic Ave., Ste. 306	
5.3 STREET ADDRESS	NEW SMYRNA BEACH, FL 32169	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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:

Peter Kramer **PETER KRAMER**

01-07-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0003175

CR2E037 (9/96)