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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01638

1. Corporation Name

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

Principal Place of Business

3001 S ATLANTIC AVE
NEW SMYRNA BEACH FL 32169-3563

Mailing Address

3001 S ATLANTIC AVE
NEW SMYRNA BEACH FL 32169-3563



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	02/24/1984
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2435801
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

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

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 *Carl L Nelson*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/17/99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	TD
NAME	KRAMER, PETER	1.2 NAME	PFISTERER, KARIN
STREET ADDRESS	3001 S. ATLANTIC AVE., STE 421	1.3 STREET ADDRESS	3001 S. ATLANTIC AVE #542
CITY-ST-ZIP	NEW SMYRNA BEACH FL	1.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169
TITLE	D	2.1 TITLE	PD
NAME	OCKULY, JOHN	2.2 NAME	
STREET ADDRESS	3001 S. ATLANTIC AVE., STE 431	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	VD
NAME	VORPAGEL, PATRICIA	3.2 NAME	NELSON, CARL
STREET ADDRESS	3001 S. ATLANTIC AVE., STE 522	3.3 STREET ADDRESS	3001 S ATLANTIC AVE #531
CITY-ST-ZIP	NEW SMYRNA BEACH FL	3.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169
TITLE	PD	4.1 TITLE	D
NAME	EDWARDS, BARBARA	4.2 NAME	BROWN, GARY
STREET ADDRESS	3001 S. ATLANTIC AVE., STE 432	4.3 STREET ADDRESS	3001 S. ATLANTIC AVE #201
CITY-ST-ZIP	NEW SMYRNA BEACH FL	4.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169
TITLE	SD	5.1 TITLE	
NAME	GENEST, FLEURETTE	5.2 NAME	
STREET ADDRESS	3001 S. ATLANTIC AVE., STE 306	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

Carl L Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/99 904-427-6602
Date Daytime Phone #