2000 UNIFORM BUSINESS REPORT (UBR)

FILED
00 MAY 22 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01638

1. Entity Name
LAS BRISAS HOMEOWNERS ASSOCIATION OF NEW SMYRNA BEACH, INC.

Principal Place of Business	Mailing Address
2180 W SR 434 STE 5000 LONGWOOD FL 32779	2180 W SR 434 STE 5000 LONGWOOD FL 32779

10430

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2435801 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W SR 434 STE 5000 LONGWOOD FL 32779	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____ 2/10/00
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PETER KRAMER 3001 S ATLANTIC AVE #421 NEW SMYRNA BEACH FL 32169 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CARL NELSON 3001 S ATLANTIC AVE #531 NEW SMYRNA BEACH FL 32169 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200003286452--0 -06/13/00--01025--020 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JANE OCKULY 3001 S ATLANTIC AVE #431 NEW SMYRNA BEACH FL 32169 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KARIN PFISTERER 3001 S ATLANTIC AVE #542 NEW SMYRNA BEACH FL 32169 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDGAR GENEST 3001 S ATLANTIC AVE #306 NEW SMYRNA BEACH FL 32169 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IS ☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ President 04-06-00 (904)423-0225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #