

2002 UNIFORM BUSINESS REPORT. (UBR)

DOCUMENT # N01638

1. Entity Name

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

Principal Place of Business

Mailing Address

**2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044**

**2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044**

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 M 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

Signature, typed 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 ☐ Delete
NAME **PD**
STREET ADDRESS **KRAMER, PETER**
CITY-ST-ZIP **3001 S ATLANTIC AVE #421
NEW SMYRNA BEACH FL 32169**

TITLE ☒ Delete
NAME **SD**
STREET ADDRESS **LOGVIN, MARY**
CITY-ST-ZIP **2628 HOMEWOOD DR
ORLANDO FL 32809**

TITLE ☒ Delete
NAME **TD**
STREET ADDRESS **OCKULY, JANE**
CITY-ST-ZIP **3018 HARDALE BLVD
TOLEDO OH 43606**

TITLE ☒ Delete
NAME **TD**
STREET ADDRESS **PFISTER, KARIN**
CITY-ST-ZIP **3001 S ATLANTIC AVE #542
NEW SMYRNA BEACH FL 32169**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **VOGEL, ROBERT**
CITY-ST-ZIP **3001 S ATLANTIC AVE #423
NEW SMYRNA BEACH FL 32169**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VD**
STREET ADDRESS **THOMAS JR., EDGAR C**
CITY-ST-ZIP **3001 S ATLANTIC AVE #502
NEW SMYRNA BEACH, FL 32169**

TITLE ☐ Change ☒ Addition
NAME **SD**
STREET ADDRESS **WILLIAMS, STEVE K**
CITY-ST-ZIP **8970 THORNTON RD
JONESBORO, GA 30236**

TITLE ☐ Change ☒ Addition
NAME **TD**
STREET ADDRESS **WRIGHT JR., AUBREY H**
CITY-ST-ZIP **3001 S ATLANTIC AVE #533
NEW SMYRNA BEACH, FL 32169**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Peter Kramer* **Peter Kramer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

February 26, 2002

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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