

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N01638 1. Entity Name LAS BRISAS HOMEOWNERS' ASSOCIATION OF NEW SMYRNA BEACH, INC.					
Principal Place of Business 3001 SO ATLANTIC AVE NEW SMYRNA BEACH, FL 32169			Mailing Address 3001 SO ATLANTIC AVE NEW SMYRNA BEACH, FL 32169		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01042005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2435801	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PETERSON, SID C JR 418 CANAL STREET NEW SMYRNA BEACH, FL 32168			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KRAMER, PETER 3001 S ATLANTIC AVE., #421 NEW SMYRNA BEACH, FL 32169		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition U000000173358 01/07/05-80015-024 61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD EDGAR, THOMAS JR 3001 S. ATLANTIC AVE #502 NEW SMYRNA BEACH, FL 32169		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GARDNER, MIKE 3001 S ATLANTIC AVE #543 NEW SMYRNA BEACH, FL 32169		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WRIGHT, AUBREY JR 3001 S ATLANTIC AVE #533 NEW SMYRNA BEACH, FL 32169		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VOGEL, ROBERT 3001 S ATLANTIC AVE #423 NEW SMYRNA BEACH, FL 32169		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: 			1/5/04 386/427-6602		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					