

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01638

FILED
Apr 19, 2011
Secretary of State

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

Current Principal Place of Business:

3001 SO ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

3001 SO ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 59-2435801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSON, SID C JR
418 CANAL STREET
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: KRAMER, PETER
Address: 3001 S ATLANTIC AVE., #421
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VP
Name: MACKIE, ROBIN
Address: 3001 S. ATLANTIC AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SD
Name: HARRIS, MICHAEL
Address: 3001 S ATLANTIC AVE #302
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD
Name: HEWES, KATHLEEN
Address: 3001 S ATLANTIC AVE #422
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DIR
Name: BEINBRECH, DREW
Address: 3001 S. ATLANTIC AVE #502
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PETER KRAMER

PD

04/19/2011

Electronic Signature of Signing Officer or Director

Date