

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90038 044 \*\*\*\*61.25

**DOCUMENT # N14089**  
1. Entity Name  
**LAS BRISAS OF BOCA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
C/O J&L PROPERTY MANAGEMENT C/O J&L PROPERTY MANAGEMENT  
10191 W. SAMPLE ROAD SUITE 203 10191 W. SAMPLE ROAD SUITE 203  
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065

34020307



MOORE CR2E037 (11/03)

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 **59-2766029** Applied For  
Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**KATZMAN & KORR, P.A.**  
**5581 W. OAKLAND PARK BLVD.**  
**2ND FLOOR**  
**LAUDERHILL FL 33313**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ORKIN, ANDREA	
STREET ADDRESS	22095 LAS BRISAS CIRCLE #104	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KLEIN, ANITA	
STREET ADDRESS	22075 LAS BRISAS CIRCLE #308	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LETURMY, GISELLE	
STREET ADDRESS	22095 LAS BRISAS CIRCLE #101	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Andrea Orkin* **Andrea Orkin** **President** **3/1/04** **561-394-5228**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #