

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90027 032 \*\*\*\*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 10191 W. SAMPLE ROAD SUITE 203 CORAL SPRINGS FL 33065  
 C/O J&L PROPERTY MANAGEMENT 10191 W. SAMPLE ROAD SUITE 203 CORAL SPRINGS FL 33065



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

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.**  
**1501 NW 49TH STREET**  
**SUITE 202**  
**FORT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent  
 Name *James G. Benvenuto*  
 Street Address (P.O. Box Number is Not Acceptable) *10191 W. Sample Rd*  
 City *Coral Springs*  
 State **FL** Zip Code *33065*

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 *[Signature]* DATE *1/28/08*  
Signature typed or printed name of registered agent and applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ORKIN, ANDREA 22095 LAS BRISAS CIRCLE #104 BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KLEIN, ANITA 22075 LAS BRISAS CIRCLE #308 BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KALKSTEIN, HELENE 22085-201 LAS BRISAS CR BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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** *2-18-08* **561-394-5228**  
Signature and typed or printed name of signing officer or director Date Custom Phone #