

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

06-16-2003 90142 044 \*\*\*\*61.25

**DOCUMENT # N14089**

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



Principal Place of Business  
**1280 S.W. 36TH AVE.  
SUITE 301  
POMPANO BEACH FL 33069**

Mailing Address  
**1280 S.W. 36TH AVE.  
SUITE 301  
POMPANO BEACH FL 33069**



2. Principal Place of Business  
**5255 P. FEDERAL HWY  
SUITE, Apt. #, etc.  
2<sup>ND</sup> FLOOR**

3. Mailing Address  
**5255 N. FEDERAL HWY  
SUITE, Apt. #, etc.  
2<sup>ND</sup> FLOOR**

CHECK HERE IF MAKING CHANGES

City & State  
**BOCA RATON FL**

City & State  
**BOCA RATON FL**

4. FEI Number **59-2766029**  
Applied For  
 Not Applicable

Zip Country  
**33487 US**

Zip Country  
**33487 US**

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

**KATZMAN & KORR, P.A.  
5581 W. OAKLAND PARK BLVD.  
2ND FLOOR  
LAUDERHILL FL 33313**

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 **KATZMAN & KORR, P.A.**  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: **SIGNATURE OF OFFICER Andrea Orkin 4/30/03 561-394-5228**

UBR2003

CR2E037 (10/02)