

FILED
May 21, 2001 8:00 am
Secretary of State

04-24-2001 90250 009 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005571

1. Entity Name

LAS BRISAS HOMEOWNERS' ASSOCIATION OF FRANKLIN C

Principal Place of Business

Mailing Address

3110 CAPITAL CIRCLE, N.E.
TALLAHASSEE FL 32308

3110 CAPITAL CIRCLE, N.E.
TALLAHASSEE FL 32308

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

59-3352409

Applied For

Not Applicable

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

BOYLE, DENNIS O
3110 CAPITAL CIRCLE, N.E.
TALLAHASSEE FL 32308

Name PHIPPS VENTURES, INC.

Street Address (P.O. Box Number is Not Acceptable)
3110 CAPITAL CIRCLE, NE

City TALLAHASSEE FL Zip Code 32308

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.

PHIPPS VENTURES, INC.

SIGNATURE

By: *Dennis O Boyle*, VP

4/16/01

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP
POD BOYLE, DENNIS O 3110 CAPITAL CIRCLE, N.E. TALLAHASSEE FL 32308 Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
VSTD WILDER, DAVID E 3110 CAPITAL CIRCLE, N.E. TALLAHASSEE FL 32308 Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D LANE, W. H. 3110 CAPITAL CIRCLE, N.E. TALLAHASSEE FL 32308 Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D PALMER, MORRIS 111 CABELL DRIVE Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PORT ST. JOE, FL 32456 Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

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:

Dennis O Boyle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

Daytime Phone #

CR2E037 (10/00)