


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**


**DOCUMENT # N95000005571**

1. Entity Name  
**LAS BRISAS HOMEOWNERS' ASSOCIATION OF FRANKLIN COUNTY, INC.**



Principal Place of Business 3110 CAPITAL CIRCLE, N.E. TALLAHASSEE, FL 32308	Mailing Address 3110 CAPITAL CIRCLE, N.E. TALLAHASSEE, FL 32308
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**DO NOT WRITE IN THIS SPACE**



02032004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3352409	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PHIPPS VENTURES INC.  
 3110 CAPITAL CIRCLE, N.E.  
 TALLAHASSEE, FL 32308**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000111508  
 04/13/04-80021-008 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	POD BOYLE, DENNIS O 3110 CAPITAL CIRCLE, N.E. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD WILDER, DAVID E 3110 CAPITAL CIRCLE, N.E. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, MORRIS 111 CABELL DRIVE PORT SAINT JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** *David E. Wilder* **David E. Wilder, VP** 4/8/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #