

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 A**  
**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**



01082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | POD<br>BOYLE, DENNIS O<br>3110 CAPITAL CIRCLE, N.E.<br>TALLAHASSEE, FL 32308  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VSTD<br>WILDER, DAVID E<br>3110 CAPITAL CIRCLE, N.E.<br>TALLAHASSEE, FL 32308 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>CANE, WILLIAM H<br>3110 CAPITAL CIRCLE NE<br>TALLAHASSEE, FL 32308       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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 01/16/08-80046-021161.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** *[Signature]* **VP** 1/8/08 850-297-6088  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #