

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9500000571

FILED  
Mar 11, 2009  
Secretary of State

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

**Current Principal Place of Business:**

3110 CAPITAL CIRCLE, N.E.  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

3110 CAPITAL CIRCLE, N.E.  
TALLAHASSEE, FL 32308

**New Mailing Address:**

2627 MITCHAM DRIVE  
TALLAHASSEE, FL 32308

FEI Number: 59-3352409

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

DAVID E. WILDER  
4437 STRATSFORDSHIRE COURT  
TALLAHASSEE, FL 32309 US

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.

SIGNATURE: DAVID E. WILDER

03/11/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: POD ( ) Delete  
Name: BOYLE, DENNIS O  
Address: 3110 CAPITAL CIRCLE, N.E.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VSTD ( ) Delete  
Name: WILDER, DAVID E  
Address: 3110 CAPITAL CIRCLE, N.E.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: CANE, WILLIAM H  
Address: 3110 CAPITAL CIRCLE NE  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WILDER, DAVID E  
Address: 4437 STRATSFORDSHIRE COURT  
City-St-Zip: TALLAHASSEE, FL 32309

Title: STD (X) Change ( ) Addition  
Name: ROGERS, KIMBERLY S  
Address: 11112 WILDLIFE TRAIL  
City-St-Zip: TALLAHASSEE, FL 32312

Title: VD (X) Change ( ) Addition  
Name: LANE, WILLIAM H  
Address: 3110 CAPITAL CIRCLE NE  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID E. WILDER

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03/11/2009

Electronic Signature of Signing Officer or Director

Date