

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90056 025 ****61.25

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01182008 Chg-NP CR2E037 (12/06)

DOCUMENT # N98000005620					
1. Entity Name LAS BRISAS AT DORAL COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 6925 NW 42ND STREET MIAMI, FL 33166-6820		Mailing Address 6925 NW 42ND STREET MIAMI, FL 33166-6820			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0910544	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FEIN: STEVEN 900 SOUTH STATE RD 7 FORT LAUDERDALE, FL 33317 Brough, Chadrow + Levine, P.A. 1900 N. Commerce Pkwy Weston, FL 33326			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: <u>David L. Brough Esq.</u> <small>Signature, typed or printed name of registered agent and this if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD D WATTS, BILL 5670 NW 116 AVE #210 MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	PD V SERRANO, VERONICA 5737 NW 114 PATH, #104 MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD LOPES, FRANK 5755 NW 115 COURT #108 MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	PD PD PINILLA, MARK 5660 NW 115 COURT #205 MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SEC MARTELLY, RALPH 5670 NW 116 AVE, 207 MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>[Signature]</u>			Date: <u>4/10/08</u>		Daytime Phone #: <u>305.992.1080</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					