

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90037 006 ****61.25

DOCUMENT # N06000002211
 1. Entity Name
 LAS BRISAS DEL CARIBE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 101-A BUSINESS CENTRE DR
 DESTIN, FL 32550

Mailing Address
 101-A BUSINESS CENTRE DR
 DESTIN, FL 32550

40044721



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02272008 No Chg-NP CR2E037 (4/06)

4. FEI Number
 20-4927895

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANON, WALTER A ESQ
 LAW OFFICES OF WALTER A. ANON, P.A.
 7975 NW 155TH ST - STE A
 MIAMI LAKES, FL 33015

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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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRUMFIELD, WILLIAM L 1450 AMBERJACK DR GAUTIER, MS 39553
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'NEAL, ALAN M 101-A BUSINESS CENTRE DR DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEESE, HERMAN L JR 101-A BUSINESS CENTRE DR DESTIN, FL 32550
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *William L. Brumfield* 3/11/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #