

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002211

FILED  
Feb 22, 2012  
Secretary of State

**Entity Name:** LAS BRISAS DEL CARIBE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O THE CONTINENTALGROUP, INC  
5805 BLUE LAGOON DRIVE, STE. 310  
MIAMI, FL 33126 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O THE CONTINENTALGROUP, INC  
5805 BLUE LAGOON DRIVE, STE. 310  
MIAMI, FL 33126 US

**New Mailing Address:**

**FEI Number:** 20-4927895      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LAW OFFICES OF BETTY GONZALEZ, P.A.  
255 UNIVERSITY DRIVE  
CORAL GABLES, FL 33134 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LITVAN, ARMANDO  
Address: 255 UNIVERSITY DRIVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP  
Name: CYNOVICH, YOEL  
Address: 255 UNIVERSITY DRIVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: TS  
Name: ARLIN, GABRIEL  
Address: 255 UNIVERSITY DRIVE  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: ARMANDO LITVAN

P

02/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date