

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717271

**Entity Name:** LAS BRISAS, ASSOCIATION, INC.

**Current Principal Place of Business:**

1939 JEFFERSON STREET  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

1939 JEFFERSON STREET  
HOLLYWOOD, FL 33020

**FEI Number:** 59-2383827

**Certificate of Status Desired:** No

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

PERLMAN, MARK ESQ  
1820 E HALLANDALE BEACH BOULEVARD  
HALLANDALE BEACH, FL 33009 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           JOHNSON, MARCIA  
Address        1939 JEFFERSON STREET  
City-State-Zip: HOLLYWOOD FL 33020

Title           VP  
Name           GOMEZ, RAFAEL  
Address        1939 JEFFERSON STREET  
City-State-Zip: HOLLYWOOD FL 33020

Title           SECRETARY  
Name           PHILLIPS, FRED  
Address        1939 JEFFERSON STREET  
City-State-Zip: HOLLYWOOD FL 33020

Title           PRESIDENT  
Name           ARELLANO, GIOVANNA J.  
Address        1939 JEFFERSON STREET  
City-State-Zip: HOLLYWOOD FL 33020

*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:** GIOVANNA J ARELLANO

**PRESIDENT**

**02/13/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date