

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749269

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

**FILED**  
**Mar 18, 2014**  
**Secretary of State**  
**CC1720309294**

**Current Principal Place of Business:**

PLAZA PROPERTY SERVICES LLC  
400 E BAY STREET  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

PLAZA PROPERTY SERVICES LLC  
400 E BAY STREET  
JACKSONVILLE, FL 32202 US

**FEI Number: 59-2182732**

**Certificate of Status Desired: No**

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

PLAZA PROPERTY SERVICES LLC  
400 E BAY STREET  
JACKSONVILLE, FL 32202 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: ANDREW BEAUDOIN LCAM**

**03/18/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            SECRETARY  
Name            MOORE, JOHN  
Address        C/O PLAZA PROPERTY SERVICES  
                  LLC  
                  400 E BAY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title            DIRECTOR  
Name            BAILYS, FREDRICK  
Address        C/O PLAZA PROPERTY SERVICES  
                  LLC  
                  400 E BAY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title            PRESIDENT  
Name            SHAMER, THOMAS  
Address        C/O PLAZA PROPERTY SERVICES  
                  LLC  
City-State-Zip: JACKSONVILLE FL 32202

Title            TREASURER  
Name            LOWDER, MARJORIE  
Address        C/O PLAZA PROPERTY SERVICES  
                  LLC  
                  400 E BAY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title            VP  
Name            MCGUIRE, SHAWN  
Address        C/O PLAZA PROPERTY SERVICES  
                  LLC  
                  400 E BAY STREET  
City-State-Zip: JACKSONVILLE FL 32202

*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: THOMAS SHAMER**

**PRESIDENT**

**03/18/2014**

Electronic Signature of Signing Officer/Director Detail

Date