## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 749269** 

Entity Name: LAS BRISAS CONDOMINIUM ASSOCIATION, INC.

**FILED** Jan 26, 2016 **Secretary of State** CC9570742434

## **Current Principal Place of Business:**

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

## **Current Mailing Address:**

C/O 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 01/26/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

**SECRETARY** Title Title DIRECTOR

MOORE, JOHN Name Name BAILYS, FREDRICK

Address C/O PLAZA PROPERTY SERVICES Address C/O PLAZA PROPERTY SERVICES

400 E BAY STREET 400 E BAY STREET

City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32202

Title **PRESIDENT** Title **TREASURER** 

Name SHAMER, THOMAS Name LOWDER, MARJORIE

Address C/O PLAZA PROPERTY SERVICES Address C/O PLAZA PROPERTY SERVICES LLC

400 E BAY STREET City-State-Zip: JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 City-State-Zip:

Title ٧P

WRIGHT, JEFFREY Name

Address C/O PLAZA PROPERTY SERVICES

LLC

400 E BAY STREET

JACKSONVILLE FL 32202 City-State-Zip:

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.

01/26/2016 SIGNATURE: THOMAS SHAMER **PRESIDENT**