

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749269

Entity Name: LAS BRISAS CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 09, 2020
Secretary of State
0550080952CC

Current Principal Place of Business:

C/O FIRSTSERVICE RESIDENTIAL
6620 SOUTHPOINT DRIVE SOUTH 610
JACKSONVILLE, FL 32216

Current Mailing Address:

C/O FIRSTSERVICE RESIDENTIAL
6620 SOUTHPOINT DRIVE SOUTH 610
JACKSONVILLE, FL 32216 US

FEI Number: 59-2182732

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WASSERSTEIN, P.A.
301 YAMATO RD STE 2199
BOCA RATON, FL 33431 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 VP
Name MOORE, JOHN
Address C/O FIRSTSERVICE RESIDENTIAL
6620 SOUTHPOINT DRIVE SOUTH 610
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name COUPE, NATALIE
Address C/O FIRSTSERVICE RESIDENTIAL
6620 SOUTHPOINT DRIVE SOUTH 610
City-State-Zip: JACKSONVILLE FL 32216

Title TREASURER
Name STERGAR, SUZANNE
Address C/O FIRSTSERVICE RESIDENTIAL
6620 SOUTHPOINT DRIVE SOUTH 610
City-State-Zip: JACKSONVILLE FL 32216

Title PRESIDENT
Name SHEA, TIFFINY
Address C/O FIRSTSERVICE RESIDENTIAL
6620 SOUTHPOINT DRIVE SOUTH 610
City-State-Zip: JACKSONVILLE FL 32216

Title SECRETARY
Name AMIN, SWATI
Address C/O FIRSTSERVICE RESIDENTIAL
6620 SOUTHPOINT DRIVE SOUTH 610
City-State-Zip: JACKSONVILLE FL 32216

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: TIFFINY SHEA

PRESIDENT

04/09/2020

Electronic Signature of Signing Officer/Director Detail

Date