

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749269

Entity Name: LAS BRISAS CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 04, 2017
Secretary of State
CC0242568555

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 SUITE 1906
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
SUITE 1906
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

04/04/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name MOORE, JOHN
Address C/O PLAZA PROPERTY SERVICES
LLC
400 E BAY STREET SUITE 1906
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name LEMMENES, MARK
Address C/O PLAZA PROPERTY SERVICES
LLC
400 E BAY STREET SUITE 1906
City-State-Zip: JACKSONVILLE FL 32202

Title PRESIDENT
Name SHAMER, THOMAS
Address C/O PLAZA PROPERTY SERVICES
LLC
400 E BAY STREET SUITE 1906
City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER
Name SHEA, TIFF
Address C/O PLAZA PROPERTY SERVICES
LLC
400 E BAY STREET SUITE 1906
City-State-Zip: JACKSONVILLE FL 32202

Title SECRETARY
Name MAISON, DIANE
Address C/O PLAZA PROPERTY SERVICES
LLC
400 E BAY STREET SUITE 1906
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

04/04/2017

Electronic Signature of Signing Officer/Director Detail

Date