

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 749580

**Entity Name:** LAS BRISAS CONDOMINIUM ASSOCIATION OF SATELLITE  
BEACH, INC.

**Current Principal Place of Business:**

1694 TRIMBLE ROAD  
MELBOURNE, FL 32934

**Current Mailing Address:**

P.O. BOX 372687  
SATELLITE BEACH, FL 32937-0119 US

**FEI Number: 59-1991734**

**Certificate of Status Desired: No**

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

WILLIAMS PROPERTY MANAGEMENT, INC.  
1694 TRIMBLE ROAD  
MELBOURNE, FL 32934 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 P  
Name MASSONI, VIRGINIA  
Address PO BOX 372687  
City-State-Zip: SATELLITE BEACH FL 32937

Title S, T  
Name CASE, ROBERT B  
Address PO BOX 372687  
City-State-Zip: SATELLITE BEACH FL 32937

Title VP  
Name LINDER, NIKKI  
Address PO BOX 372687  
City-State-Zip: SATELLITE BEACH FL 32937

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: ROBERT B CASE**

**S, T**

**05/13/2013**

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

\_\_\_\_\_  
Date