# 2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 765151** 

Entity Name: LAS BRISAS VILLAGE CONDOMINIUM ASSOCIATION, INC.

FILED
Jun 19, 2017
Secretary of State
CC0571939137

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

14275 SW 142 AVE MIAMI. FL 33186

## **Current Mailing Address:**

14275 SW 142 AVE MIAMI, FL 33186 US

FEI Number: 59-2243372 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

TRIAY , CARLOS A P.A. 2301 NW 87TH AVE 501 DORAL, FL 33172 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: CARLOS A TRIAY 06/19/2017

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title **PRESIDENT** Title VΡ Name RAYSA, ABREU Name GARCIA, ROBERTO Address 14275 SW 142 AVE Address 14275 SW 142 AVE City-State-Zip: MIAMI FL 33186 City-State-Zip: MIAMI FL 33186

Title **SECRETARY** Title **TREASURER** ALVAREZ, SILVIA Name ORTIZ, NANCY Name Address 14275 SW 142 AVE Address 14275 SW 142 AVE MIAMI FL 33186 City-State-Zip: City-State-Zip: MIAMI FL 33186

Title DIRECTOR Title DIRECTOR

 Name
 VAZQUEZ, JUAN D
 Name
 ROBERTSON, ANASTASIA

 Address
 14275 SW 142 AVE
 Address
 14275 SW 142 AVE

 City-State-Zip:
 MIAMI FL 33186
 City-State-Zip:
 MIAMI FL 33186

Title DIRECTOR

Name CANO, REYNALDO
Address 14275 SW 142 AVE
City-State-Zip: MIAMI FL 33186

above, or on an attachment with all other like empowered.

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

SIGNATURE: RAYSA ABREU PRESIDENT 06/19/2017