

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

DOCUMENT# N01638

**Entity Name:** LAS BRISAS HOMEOWNERS' ASSOCIATION OF NEW SMYRNA BEACH, INC.**FILED**  
**Feb 06, 2013**  
**Secretary of State**  
**CC7016133442****Current Principal Place of Business:**3001 SO ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169**Current Mailing Address:**3001 SO ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169**FEI Number: 59-2435801****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PETERSON, SID CJR  
418 CANAL STREET  
NEW SMYRNA BEACH, FL 32168 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	PD
Name	LENTZ, CURT
Address	3001 S ATLANTIC AVE., #304
City-State-Zip:	NEW SMYRNA BEACH FL 32169

Title	S
Name	KRAMER, PETER
Address	3001 S ATLANTIC AVE #421
City-State-Zip:	NEW SMYRNA BEACH FL 32169

Title	TD
Name	HEWES, KATHLEEN
Address	3001 S ATLANTIC AVE #422
City-State-Zip:	NEW SMYRNA BEACH FL 32169

Title	DIRECTOR
Name	HARRIS, MIKE
Address	3001 S. ATLANTIC AVE #302
City-State-Zip:	NEW SMYRNA BEACH FL 32169

Title	VP
Name	CURRY, GREG
Address	3001 S. ATLANTIC AVE., #401
City-State-Zip:	NEW SMYRNA BEACH FL 32169

*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: PETER KRAMER****VP****02/06/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date