

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01638

**Entity Name:** LAS BRISAS HOMEOWNERS' ASSOCIATION OF NEW SMYRNA BEACH, INC.**FILED**  
**Mar 13, 2024**  
**Secretary of State**  
**9710009847CC****Current Principal Place of Business:**4545 S CLYDE MORRIS BLVD  
SUITE 401  
PORT ORANGE, 32129, FL 32129**Current Mailing Address:**4545 S CLYDE MORRIS BLVD  
SUITE 401  
PORT ORANGE, 32129, FL 32129 US**FEI Number: 59-2435801****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**TOMOKA PROPERTY MANAGEMENT, INC  
4545 S CLYDE MORRIS BLVD  
SUITE 401  
PORT ORANGE, 32129, FL 32129 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: NATHAN WADE****03/13/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR
Name	LOGVIN, CAROLE
Address	4545 S CLYDE MORRIS BLVD SUITE 401
City-State-Zip:	PORT ORANGE, 32129 FL 32129

Title	VP
Name	RYERSON, SCOTT
Address	4545 S CLYDE MORRIS BLVD SUITE 401
City-State-Zip:	PORT ORANGE, 32129 FL 32129

Title	PRESIDENT
Name	LOVELAND, RICHARD
Address	4545 S CLYDE MORRIS BLVD SUITE 401
City-State-Zip:	PORT ORANGE, 32129 FL 32129

Title	TREASURER
Name	CAMPBELL, ARTHUR
Address	4545 S CLYDE MORRIS BLVD SUITE 401
City-State-Zip:	PORT ORANGE, 32129 FL 32129

Title	SECRETARY
Name	CURE, LINDA
Address	4545 S CLYDE MORRIS BLVD SUITE 401
City-State-Zip:	PORT ORANGE, 32129 FL 32129

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: RICHARD LOVELAND****P****03/13/2024**

Electronic Signature of Signing Officer/Director Detail

Date