

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01638

**Entity Name:** LAS BRISAS HOMEOWNERS' ASSOCIATION OF NEW SMYRNA BEACH, INC.**FILED**  
**Apr 13, 2021**  
**Secretary of State**  
**9461575118CC****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:**DEFEO, NANCY  
3001 SOUTH ATLANTIC AVE.  
NEW SMYRNA BEACH, FL 32169 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: NANCY J. DEFEO****04/13/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	LENTZ, CURT
Address	1828 BRIDGEWATER DR
City-State-Zip:	LAKE MARY FL 32746

Title	MEMBER AT LARGE
Name	STRONG, DAVID
Address	518 EAST 6TH ST.
City-State-Zip:	NEWPORT KY 41071

Title	SECRETARY
Name	SCOTT, SARAH
Address	3001 S. ATLANTIC AVE. #533
City-State-Zip:	NEW SMYRNA BEACH FL 32169

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

Title	TREASURER
Name	PERRY, WILLIAM
Address	9222 BAY POINT DRIVE
City-State-Zip:	ORLANDO FL 32819

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: CURT LENTZ****PRESIDENT****04/13/2021**

Electronic Signature of Signing Officer/Director Detail

Date