

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002211

**Entity Name:** LAS BRISAS DEL CARIBE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

WEST BROWARD COMMUNITY MANAGEMENT  
820 SOUTH STATE ROAD7  
PLANTATION, FL 33317

**Current Mailing Address:**

WEST BROWARD COMMUNITY MANAGEMENT  
820 SOUTH STATE ROAD7  
PLANTATION, FL 33317 US

**FEI Number:** 20-4927895

**Certificate of Status Desired:** No

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

STROCK&COHEN,ZIPPER,FERRER LAW GROUP,P.A.  
2900 GLADES CIRCLE SUITE 750  
WESTON, FL 33327 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:** MICHAEL S. HOFFMAN, ESQ.

05/19/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LITVAN, ARMANDO  
Address WEST BROWARD COMMUNITY  
MANAGEMENT  
820 SOUTH STATE ROAD7  
City-State-Zip: PLANTATION FL 33317

Title VP  
Name CYNOVICH, YOEL  
Address WEST BROWARD COMMUNITY  
MANAGEMENT  
820 SOUTH STATE ROAD7  
City-State-Zip: PLANTATION FL 33317

Title TS  
Name ARLIN, GABRIEL  
Address WEST BROWARD COMMUNITY  
MANAGEMENT  
820 SOUTH STATE ROAD7  
City-State-Zip: PLANTATION FL 33317

*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:** ARMANDO LITVAN

PRESIDENT

05/19/2014

Electronic Signature of Signing Officer/Director Detail

Date