

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

DOCUMENT# N06000002211

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

**FILED**  
**Jan 17, 2013**  
**Secretary of State**  
**CC8466185773**

**Current Principal Place of Business:**

C/O THE CONTINENTALGROUP, INC  
5805 BLUE LAGOON DRIVE, STE. 310  
MIAMI, FL 33126

**Current Mailing Address:**

C/O THE CONTINENTALGROUP, INC  
5805 BLUE LAGOON DRIVE, STE. 310  
MIAMI, FL 33126 US

**FEI Number:** 20-4927895

**Certificate of Status Desired:** No

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

HOFFMAN, LARIN & AGNETTI, P.A.  
999 NORTH MIAMI BEACH BOULEVARD  
# 201  
NORTH MIAMI BEACH, FL 33162 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.

01/17/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LITVAN, ARMANDO  
Address 909 NORTH MIAMI BEACH  
BOULEVARD  
# 201  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title VP  
Name CYNOVICH, YOEL  
Address 909 NORTH MIAMI BEACH  
BOULEVARD  
# 201  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title TS  
Name ARLIN, GABRIEL  
Address 909 NORTH MIAMI BEACH  
BOULEVARD  
City-State-Zip: NORTH MIAMI BEACH FL 33162

*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

01/17/2013

Electronic Signature of Signing Officer/Director Detail

Date