2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50152

INC.

Entity Name: LAS BRISAS HOMEOWNERS' ASSOCIATION OF BROWARD,

Current Principal Place of Business:

C/O PINES PROPERTY MGMT 6941 SW 196 AVE, SUITE 27 PEMBROKE PINES, FL 33332

Current Mailing Address:

C/O PINES PROPERTY MANAGEMENT P.O. BOX 820100 SO FLORIDA, FL 33082-0100 US

FEI Number: 65-0345691 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEVENS & GOLDWYN, P.A. 2 SOUTH UNIVERSITY DRIVE # 329 PLANTATION, FL 33324 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

Name BARBADAES, DE Name EICHEL, ELLIOT

Address C/O PINES PROPERTY MGMT Address C/O PINES PROPERTY MGMT

6941 SW 196 AVE, SUITE 27 6941 SW 196 AVE, SUITE 27

PEMBROKE PINES FL 33332 PEMBROKE PINES FL 33332 City-State-Zip: City-State-Zip:

Title **SECRETARY** Title **TREASURER**

HOPKINS, TONI LYNN FERNANDEZ, ARTURO Name Name

C/O PINES PROPERTY MGMT C/O PINES PROPERTY MGMT Address Address

> 6941 SW 196 AVE, SUITE 27 6941 SW 196 AVE, SUITE 27

> > City-State-Zip:

PEMBROKE PINES FL 33332

Title **DIRECTOR** Name GANZ, MARTI

City-State-Zip:

Address C/O PINES PROPERTY MGMT

6941 SW 196 AVE, SUITE 27

PEMBROKE PINES FL 33332

City-State-Zip: PEMBROKE PINES FL 33332

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.

PRESIDENT SIGNATURE: DE BARBADAES

03/17/2021

FILED Mar 17, 2021

Secretary of State

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