

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

DOCUMENT# N95000005571

**FILED**  
**Jan 10, 2014**  
**Secretary of State**  
**CC7451622624**

**Entity Name:** LAS BRISAS HOMEOWNERS' ASSOCIATION OF FRANKLIN COUNTY, INC.

**Current Principal Place of Business:**

2627 MITCHAM DRIVE  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

2627 MITCHAM DRIVE  
TALLAHASSEE, FL 32308 US

**FEI Number: 59-3352409**

**Certificate of Status Desired: No**

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

WILDER, DAVID E  
4437 STRATFORDSHIRE COURT  
TALLAHASSEE, FL 32309 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name WILDER, DAVID E  
Address 4437 STRATFORDSHIRE COURT  
City-State-Zip: TALLAHASSEE FL 32309

Title STD  
Name ROGERS, KIMBERLY S  
Address 11112 WILDLIFE TRAIL  
City-State-Zip: TALLAHASSEE FL 32312

Title VD  
Name LANE, WILLIAM H  
Address 3919 LAKE VIEW DRIVE  
City-State-Zip: TALLAHASSEE FL 32310

*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: DAVID E WILDER**

**PRESIDENT**

**01/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date