

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005571

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

**FILED**  
**Mar 17, 2017**  
**Secretary of State**  
**CC8103967472**

**Current Principal Place of Business:**

102 LAS BRISAS WAY  
EASTPOINT T, FL 32328

**Current Mailing Address:**

55 PAMELA PLACE  
SOPCHOPPY, FL 32358 US

**FEI Number: 59-3633061**

**Certificate of Status Desired: No**

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

CROSS, MAX E.  
102 LAS BRISAS WAY  
EASTPOINT, FL 32328 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 CROSS, MAX E.  
Address 102 LAS BRISAS WAY  
City-State-Zip: EASTPOINT FL 32328

Title VD  
Name GALLOWAY, JEFF  
Address 45 E. FIRST ST.  
City-State-Zip: ST. GEROGES ISLAND FL 32328

Title TSD  
Name HENDRIX, STEPHANIE F.  
Address 102 LAS BRISAS WAY  
City-State-Zip: EASTPOINT FL 32328

*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: STEPHANIE HENDRIX**

**TSD**

**03/17/2017**

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

\_\_\_\_\_  
Date