

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N98000005620

**Entity Name:** LAS BRISAS AT DORAL COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

8000 NW 7 STREET  
407  
MIAMI, FL 33126

**Current Mailing Address:**

8000 NW 7 STREET  
204  
MIAMI, FL 33126 US

**FEI Number: 65-0910544**

**Certificate of Status Desired: No**

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

RENOVATIONS PROPERTY MANAGEMENT  
8000 NW 7 STREET  
204  
MIAMI, FL 33126 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: MARILYN VALDES**

**02/04/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name GONZALEZ, LUIS H  
Address 5650 NW 115TH COURT  
207  
City-State-Zip: DORAL FL 33178

Title PRESIDENT  
Name VIGNALE, VIRGINIA  
Address 5650 NW 115TH COURT  
209  
City-State-Zip: DORAL FL 33178

Title TREASURER  
Name SANCHEZ, EDGARDO N  
Address 5670 NW 116 AVE  
114  
City-State-Zip: DORAL FL 33178

Title VP  
Name DA SILVA, RICARDO  
Address 5773 NW 116 AVE  
104  
City-State-Zip: DORAL FL 33178

Title DIRECTOR  
Name CERPA, GLORIA  
Address 5660 NW 115 COURT  
209  
City-State-Zip: DORAL FL 33178

*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: GONZALEZ, LUIS**

**SECRETARY**

**02/04/2015**

Electronic Signature of Signing Officer/Director Detail

Date