

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90227 047 \*\*\*\*61.25

**DOCUMENT # 742489**

1. Entity Name  
**LAS BRISAS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**7100 W COMMERCIAL BLVD.  
107  
LAUDER HILL, FL 33321**

Mailing Address  
**7100 WEST COMMERCIAL BLVD  
SUITE 107  
LAUDERHILL, FL 33319 US**



04252008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1144638**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**AMBASSADOR COMMUNITY MANAGEMENT, INC.  
7100 W COMMERCIAL BLVD.  
LAUDER HILL, FL 33319**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, CLAUDIA 265 SW 87 TERRACE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANCOCK, WILLIE 211 SW 87 TERRACE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FEIN, MICHELE 225 SW 87 TERRACE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GADUS, ANNETTA 261 SW 87TH TERR PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/08**  
Date

**954.829.2982**  
Daytime Phone #