## 2002 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2002 8:00 am Secretary of State DOCUMENT # 749269 1. Entity Name LAS BRISAS CONDOMINIUM ASSOCIATION, INC. 05-02-2002 90040 020 \*\*\*\*61.25 Principal Place of Business Mailing Address 2180 W SR 434 2180 W SR 434 SUITE 5000 SUITE 5000 LONGWOOD FL: 32779 LONGWOOD FL 32779 2. Principal Place of Business 3. Mailing Address Marvin Real Estate Marvin Real Estate Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE P.O. BOX 3rd, 5t, 1835 N. 330026 City & State City & State, 4. FEI Number Applied For Jax Beach FL. Atlantic Beach 59-2182732 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired us A 32<u>250</u> 32233 Fee Required AZC 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Marvin Real Estate Marvin, Sonia M. Street Address (P.O. Box Number is Not Acceptable) HART, JAMES W JR SENTRY MGMT INC 2180 W SR 434 STE 5000 <sup>Zip Code</sup> 32250 City Jack son ville Beach LONGWOOD FL 32779-5044 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. ì Signature, typed or printed name of registered agent (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 **≥** Delete TITI F TITLE ☐ Change **★**Addition Register, Marvin B. NAME PATTERSON, ALLEN NAME 5205 Riverton Rd. STREET ADDRESS STREET ADDRESS 1927 SECLÜDED WOODS DR JacksonVIL FL. 32277 CITY-ST-7IP CITY-ST-ZIP Jacksonville FL 32266 TITLE Delete TITLE Change Addition PD McDonough, Regina NAME NAME MCDONOUGH, REGINA 601 1St St. S. HTF STREET ADDRESS STREET ADDRESS 601 5TH FIRST ST 6F CITY-ST-ZIP CITY-ST-ZIP Jacksonville Beach Fl 32250 <u>Jacksonville beach fl 32250</u> TITLE TITLE Change - Addition TD ☐ Delete stine, Delores NAME NAME stine. Delores 12242 Fort Caroline Rd. STREET ADDRESS STREET ADDRESS 12242 FORT CARDINE ROAD CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL. 32225 JACKSONVILLE FL 32250 Addition TITLE Delete TITLE Change SD Schellhase, Daniel J. 601 1st. St. S. #4H NAME NAME MCKEE, DIANA STREET ADDRESS STREET ADDRESS 601 S FIRST ST 4G CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 Jacksonville Beach FL 32250 Delete TITLE ☐ Change MA Addition TITLE Jabour, Karl NAME NAME MCLEOD, TOM 3579 St. Johns Ave. STREET ADDRESS STREET ADDRESS 601 5TH FIRST ST 3G CITY-ST-ZIP CITY-ST-ZIP backsonville Fl. 32205 <u>Jacksonville Beach FL 32250</u> TITI F TITLE 2D Change 🔀 ☐ Addition ☐ Delete SD NAME Puleo, Rose NAME PULEO, ROSE 601 1St. St. S. # 6D STREET ADDRESS STREET ADDRESS 601 5TH FIRST ST 6D CITY-ST-ZIP CITY-ST-7IP Jacksonville Beach FL 32250 <u>Jacksonville beach fl 32250</u> 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

PEQUIRED

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/10

SIGNATURE: