2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State
03-30-2004 90012 042 ****61.25

DOCUMENT # 749269

1. Entity Name
LAS BRISAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
MARVIN REAL ESTATE 1835 NORTH 3RD STREET JACKSONVILLE BEACH, FL 32250 US	MARVIN REAL ESTATE P O BOX 330026 ATLANTIC BEACH, FL 32233 US

02132004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
	BMI
Suite, Apt. #, etc.	Suite, Apt. #, etc. 6015 Morrow St E #107
City & State	City & State Jacksonville, FL
Zip / Country	Zip 32217 / Country Duval

4. FEI Number 59-2182732 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARVIN, SONIA M C/O MARVIN REAL ESTATE 1835 NORTH 3RD STREET JACKSONVILLE BEACH, FL 32250	Name Terence K. Banning Street Address (P.O. Box Number is Not Acceptable) c/o BMI 6015 Morrow St E #107 City Jacksonville, FL Zip Code 32217

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 Terence K. Banning Terence K. Banning 3/29/04
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, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD REGISTER, MARVIN B 5205 RIVERTON ROAD JACKSONVILLE, FL 32277	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCDONOUGH, REGINA 601 1ST STREET SOUTH #7F JACKSONVILLE BEACH, FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCKEE, DIANA 601 1ST STREET SOUTH #6F JACKSONVILLE BEACH, FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SMITH, ROBERT F PO BOX 51528 JACKSONVILLE BEACH, FL 32240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PULEO, ROSE 601 1ST STREET SOUTH #6D JACKSONVILLE BEACH, FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: [signature] 3/29/04 904.730.7071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #