

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 APR 24 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Marsham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 749580 (7)**  
1. Corporation Name  
**LAS BRISAS CONDOMINIUM ASSOCIATION OF SATELLITE BEACH, INC.**

Principal Place of Business Mailing Address  
**406 AVE. B POST OFFICE BOX 510274 MELBOURNE BEACH FL 32951-7274**

2. Principal Place of Business 2a. Mailing Address  
21 **537-567 Highway A-1A** 26 **406 Ave. B**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **P.O. Box 510274**  
23 **Satellite Beach, FL** 27 **Melbourne Beach, FL**  
City & State City & State  
24 **32937** 25 **Brevard** 28 **32951-0274** 30 **Brevard**  
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified **10/30/1979** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-1991734** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ALL AROUND CONDO MAINTENANCE, INC.  
406 AVENUE B  
POST OFFICE BOX 510455  
MELBOURNE BEACH FL 32951-7455**

10. Name and Address of New Registered Agent  
81 Name **N/A the same**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Richard Wrenn [Signature] **4/18/95**  
Signature, typed or printed name of registered agent and (if applicable) (DATE)  
Signature, typed or printed name of registered agent and (if applicable) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>
NAME	<b>HOLCOMB, PEGI</b>
STREET ADDRESS	<b>565 HIGHWAY A1A</b>
CITY - ST - ZIP	<b>SATELLITE BEACH FL 32937</b>
TITLE	<b>DT</b>
NAME	<b>BURK, WARREN</b>
STREET ADDRESS	<b>549 HIGHWAY A1A</b>
CITY - ST - ZIP	<b>SATELLITE BEACH FL 32937</b>
TITLE	<b>DS</b>
NAME	<b>HART, DENNIS</b>
STREET ADDRESS	<b>537 HWY A1A</b>
CITY - ST - ZIP	<b>SATELLITE BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>N/A the same</b>
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>N/A the same</b>
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>N/A the same</b>
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 this 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] **4/18/95** **(407) 777-3392**  
Signature and Typed or Printed Name of Signing Officer or Director Date Telephone #  
**Margaret M. Holcomb**