

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
537-567 HIGHWAY A1A POST OFFICE BOX 510274 SATELLITE BEACH FL 32937 US	406 AVE. B P O BOX 510274 MELBOURNE BEACH FL 32951-7274 US

3. Date Incorporated or Qualified 10/30/1979	3a. Date of Last Report 04/24/1995
--	--

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Country
25. Country	29. Zip
	30. Country

4. FEI Number 59-1991734	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 <i>Jennifer Noe</i>
82 Street Address (P.O. Box Number is Not Acceptable) <i>5340 N. Atlantic Ave</i>
83
84 City <i>Cocoa Beach</i>
85 Zip Code <i>FL 32931</i>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Jennifer Noe, Manager* DATE *5/29/96*

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP. HOLCOMB, PEGI	<input type="checkbox"/> DELETE
NAME	565 HIGHWAY A1A	
STREET ADDRESS	SATELLITE BEACH FL 32937	
CITY-ST-ZIP		
TITLE	DT BURK, WARREN	<input type="checkbox"/> DELETE
NAME	549 HIGHWAY A1A	
STREET ADDRESS	SATELLITE BEACH FL 32937	
CITY-ST-ZIP		
TITLE	DS HART, DENNIS	<input type="checkbox"/> DELETE
NAME	537 HWY A1A	
STREET ADDRESS	SATELLITE BEACH FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	400001863184
5.3 STREET ADDRESS	-06/17/96--01019--043
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jennifer Noe, Manager* DATE *5/29/96* 407-783-4923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)