

FILE NOW: FILING FEE IS \$61.25

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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90088 010 ****61.25

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 749580

1. Corporation Name
LAS BRISAS CONDOMINIUM ASSOCIATION OF SATELLITE BEACH, INC.

Principal Place of Business
**5340 N ATLANTIC AVE
 COCOA BEACH FL 32931
 US**

Mailing Address
**5340 N ATLANTIC AVE
 COCOA BEACH FL 32931
 US**

516692-90088-10



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/30/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1991734	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KANT, CHARLES 5340 N. ATLANTIC AVE. COCOA BEACH FL 32931				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOKHALE, RAVINDRA	1.2 NAME	Perlmutter, Jack
STREET ADDRESS	541 HIGHWAY A1A	1.3 STREET ADDRESS	563 Highway A1A
CITY-ST-ZIP	SATELLITE BEACH FL 32937	1.4 CITY-ST-ZIP	SATELLITE BCH, FL 32937
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRISTOW, BETSY	2.2 NAME	
STREET ADDRESS	557 HIGHWAY A1A	2.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	2.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBLE, EYDIE	3.2 NAME	S/T HART, DENNIS
STREET ADDRESS	907 SPRING VALLEY ROAD	3.3 STREET ADDRESS	537 HWY A1A
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	3.4 CITY-ST-ZIP	SATELLITE BCH, FL. 32937
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Signature Required **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *4/26/99* *401-78-4921*
Date Daytime Phone #

CR2E037 (11/98)