

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90013 030 ****61.25

DOCUMENT # 749580

1. Entity Name
LAS BRISAS CONDOMINIUM ASSOCIATION OF SATELLITE

Principal Place of Business 5340 N ATLANTIC AVE COCOA BEACH FL 32931 US	Mailing Address 5340 N ATLANTIC AVE COCOA BEACH FL 32931 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business elo Space Coast Property Management Suite, Apt. #, etc. 1617 Cooling Ave. City & State Melbourne, FL	3. Mailing Address elo Space Coast Property Management Suite, Apt. #, etc. 1617 Cooling Ave. City & State Melbourne, FL
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4. FEI Number 59-1991734	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	Country USA	Zip 32935
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6. Name and Address of Current Registered Agent
KANE, CHARLES
5340 N. ATLANTIC AVE.
COCOA BEACH FL 32931

7. Name and Address of New Registered Agent
 Name **Larry Hall**
 Street Address (P.O. Box Number is Not Acceptable)
1617 Cooling Ave.
 City **Melbourne, FL** Zip Code **32935**

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.

SIGNATURE *[Signature]* *Larry Hall* *CAM* *4/5/01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
FEE IS \$61.25**

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARKER, TERRY 547 A1A SATELLITE BEACH FL 32937 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MASSON, JAMES 2243 W BOURNG DR OVIDO FL 32765 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PRGUND, CLIFF 553 A1A SATELLITE BEACH FL 32937 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP James Massoni 2243 W Bouring Dr. Oviedo, FL 32765 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Cliff Freund 553 A1A Satellite Bch., FL 32937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Thomas Roe 541 A1A Satellite Bch., FL 32937 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2001

Date Daytime Phone #

CR2E037 (10/00)