

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 14, 2004
Secretary of State**

DOCUMENT# 749580

Entity Name: LAS BRISAS CONDOMINIUM ASSOCIATION OF SATELLITE BEACH, INC.

Current Principal Place of Business:

C/O SPACE COAST PROPERTY MGMT
1617 COOLING AVE
MELBOURNE, FL 32935 US

New Principal Place of Business:

PO BOX 372670
SATELLITE BCH, FL 32937 US

Current Mailing Address:

C/O SPACE COAST PROPERTY MGMT
1617 COOLING AVE
MELBOURNE, FL 32935 US

New Mailing Address:

PO BOX 372670
SATELLITE BCH, FL 32937 US

FEI Number: 59-1991734 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPACE COAST PROPERTY MGMT.
1617 COOLING AVE
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

HALL, LARRY
PO BOX 372670
SATELLITE BCH, FL 32937 US

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: LARRY HALL

04/14/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: ROE, THOMAS
Address: 541 AIA
City-St-Zip: SATELLITE BEACH, FL 32937

Title: DP () Delete
Name: MASSON, JAMES
Address: 2243 W BOURNG DR
City-St-Zip: OVIEDO, FL 32765

Title: STD () Delete
Name: CASE, ROBERT
Address: 2025 CATSWOLD DR.
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: MASSONI, JAMES
Address: 2243 W BOURNG DR
City-St-Zip: OVIEDO, FL 32765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES MASSONI

DP

04/14/2004

Electronic Signature of Signing Officer or Director

Date