
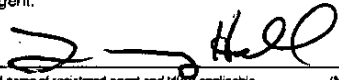
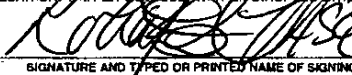


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90353 021 ****61.25

DOCUMENT # 749580					
1. Entity Name LAS BRISAS CONDOMINIUM ASSOCIATION OF SATELLITE BEACH, INC.					
Principal Place of Business PO BOX 372670 582 Hwy A1A SATELLITE BCH, FL 32937 US		Mailing Address PO BOX 372670 582 Hwy A1A SATELLITE BCH, FL 32937 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1991734	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HALL, LARRY PO BOX 372670 582 Hwy A1A SATELLITE BCH, FL 32937			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROE, THOMAS		NAME		
STREET ADDRESS	541 A1A		STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH, FL 32937		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MASSONI, JAMES		NAME		
STREET ADDRESS	2243 W BOURNG DR		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASE, ROBERT		NAME		
STREET ADDRESS	2025 CATSWOLD DR.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Larry Keintz		NAME		
STREET ADDRESS	539 A1A		STREET ADDRESS		
CITY-ST-ZIP	Satellite Beach, Fl. 32937		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 lines empowered.					
SIGNATURE: 		ROBERT B CASE		4/20/05 321-777-6122	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	



01142005 Chg-NP CR2E037 (10/03)