2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State
03-11-2005 90309 036 ****61.25

DOCUMENT # 751063

1. Entity Name
LAS BRISAS OF MADEIRA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13030 GULF BLVD MADEIRA BEACH, FL 33708 US	13030 GULF BLVD MADEIRA BEACH, FL 33708 US

01032005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
14710 Gulf Blvd.	10825 Seminole Blvd. #1
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Madeira Beach	City & State: LARGO, FL
Zip: 33708 Country: USA	Zip: 33778 Country: USA

4. FEI Number 59-2206062 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOORE, DOREEN TOTAL REALTY SERVICES INC 13030 GULF BLVD MADEIRA BEACH, FL 33708	Name: THOMAS W. KAPPER Street Address (P.O. Box Number is Not Acceptable): 10825 Seminole Blvd. #1 City: LARGO FL Zip Code: 33778

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: Thomas W. Kapper 2-22-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	V SCHUGEL, RICHARD 6838 LOGAN AVENUE S RICHFIELD, MN 55423	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONGDON, DOT 130 SHADOW FARM WAY #26 WAKEFIELD, RI 02879	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T ~~Dot~~ Congdon Dot 130 Shadow Farm Way #26 Wakefield, RI 02879	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOVE, ANTHONY 9815 ANDREAS AVE ALLEN PARK, MI 48101	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NELSON, HERB 14170 GULF BLVD., #201 MADEIRA BEACH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SIMPSOM, STEVE 10912 JUNIPERUS PL TAMPA, FL 33618	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SIMPSON, STEVE 10912 JUNIPERUS PL TAMPA, FL 33618	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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] Herbert Ted Nelson 3-9-05 727-397-1192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Pres. — Date — Daytime Phone #