

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90186 036 ****61.25

DOCUMENT # 751063

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



Principal Place of Business
**14710 GULF BLVD
MADEIRA BEACH, FL 33708 US**

Mailing Address
**10825 SEMINOLE BLVD #1
LARGO, FL 33778 US**

2. Principal Place of Business

14710 Gulf Blvd

Suite, Apt. #, etc.

Maedira Beach

City & State
Florida

Zip

33708

Country

US

3. Mailing Address

10401 Gulf Blvd

Suite, Apt. #, etc.

Maedira Beach

City & State
Florida

Zip

33708

Country

US



02142006 Chg-NP CR2E037 (11/05)

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

**KAPPER, THOMAS W
10825 SEMINOLE BLVD #1
LARGO, FL 33778**

7. Name and Address of New Registered Agent

Name
IRS, Inc.

Street Address (P.O. Box Number is Not Acceptable)

13030 Gulf Blvd

City

Maedira Beach FL

Zip Code

33708

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 **Doreen Moore, President**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-19-06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

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
**S/T
CONGDON, DOT
130 SHADOW FARM WAY #26
WAKEFIELD, RI 02879** ☐ Delete

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
**P
NELSON, HERB
14170 GULF BLVD., #201
MADEIRA BEACH, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SIMPSON, STEVE
10912 JUNIPERUS PL
TAMPA, FL 33618** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Herb Nelson
14710 Gulf Blvd #201
Maedira Beach, FL 33708** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice-President
Dot Congdon
130 Shadow Farm Way #26
Wakefield, RI 02879** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary/Treasurer
Steve Simpson
10912 Juniperus Pl
Tampa, FL 33618** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Richard Schugel
6838 Logan Aves.
Richfield, MN 55423** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #