

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90030 047 ****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
16401 GULF BLVD
MADEIRA BEACH, FL 33708 US



04232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2206062	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TRS, INC.
13030 GULF BLVD
MADEIRA BEACH, FL 33708

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHUGEL, RICHARD 6838 LOGAN AVENUE S RICHFIELD, MN 55423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONGDON, DOT 130 SHADOW FARM WAY #26 WAKEFIELD, RI 02879
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SIMPSON, STEVE 10912 JUNIPER PL TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUGEL, RICHARD 6838 LOGAN AVE SOUTH RICHFIELD, MN 55423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIMPSON, STEVE 10912 JUNIPERUS PL TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NELSON, HERB 14170 GULF BLVD., #201 MADEIRA BEACH, FL 33708

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IN THIS SPACE**

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: Joseph T. George _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____