


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90004 012 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 13030 Gulf Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Madeira Beach, FL		4. FEI Number 59-2206062	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33708		Country U.S.		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TRS, INC. 13030 GULF BLVD MADEIRA BEACH, FL 33708				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	V SCHUGEL, RICHARD 6838 LOGAN AVENUE S RICHFIELD, MN 55423		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Richard Schugel 6838 Logan Ave 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	Vice President Vincent Sansone 12730 Morgan Rd Hudson, FL 34669	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SIMPSON, STEVE 10912 JUNIPER PL TAMPA, FL 33618		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Lori Beach PO Box 20003 Taylor-Kidd Past Office Kingston, Ontario K7P 2T6 Canada	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUGEL, RICHARD 6838 LOGAN AVE SOUTH RICHFIELD, MN 55423		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jerry Wachowiak 2501 Green Valley Rd Darien, IL 60561	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIMPSON, STEVE 10912 JUNIPERUS PL TAMPA, FL 33618		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Director	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NELSON, HERB 14170 GULF BLVD., #201 MADEIRA BEACH, FL 33708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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			3-13-08 727-393-2534 Date Daytime Phone #		