

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751445

1. Corporation Name
LAS BRISAS OF BOCA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
c/o Exclusive Prop. Mgmt. c/o Exclusive Prop. Mgmt. Inc.
1280 SW 36 Ave #301 1280 SW 36 Ave #301
Pompano Beach, FL 33069 Pompano Beach, FL 33069

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 25 PM 3:12

REINSTATEMENT 97-99

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	3/10/80
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2570109
24 Country	29 Country	Applied For
	30	Not Applicable

9. Name and Address of Current Registered Agent

Tina Ryan
Exclusive Property Management, Inc.
1280 SW 36 Ave #301
Pompano Beach, FL 33069

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

9/29/99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARISI, CHRIS	1.2 NAME	
STREET ADDRESS	21094 Las Brisas Cir.	1.3 STREET ADDRESS	500003032865--7
CITY-ST-ZIP	Boca Raton, FL 33433	1.4 CITY-ST-ZIP	-11/02/99--01081--028
TITLE	VPD	2.1 TITLE	****175.00 ****175.00
NAME	HARRINGTON, ELAINE	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	22032 Las Brisas Cir.	2.3 STREET ADDRESS	500003032865--7
CITY-ST-ZIP	Boca Raton, FL 33433	2.4 CITY-ST-ZIP	-11/02/99--01081--028
TITLE	SD	3.1 TITLE	****183.75 ****183.75
NAME	SOMSKY, ROSALIE	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	22070 Las Brisas Cir.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33433	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Christopher M. Parisi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

#2
per Michelle

ATTN: CHARLOTTE

358.75

9/10/99 CORPORATE DETAIL RECORD SCREEN 1:04 PM
NUM: 751445 ST:FL INACTIVE/FL NON-PROF FLD: 03/10/1980
LAST: ADMIN DISSOLUTION FOR ANNUAL REPORT FLD: 09/26/1997
FEI#: 59-2570109
NAME : LAS BRISAS OF BOCA HOMEOWNERS ASSOCIATION, INC.
PRINCIPAL: C/O SUNVEST MANAGEMENT SERVICE CORP CHANGED: 07/08/92
ADDRESS 1100 S STATE RD 7, S100
MARGATE, FL 33068
RA NAME : SUNVEST MANAGEMENT NAME CHG: 07/17/89
RA ADDR : 441 SOUTH STATE ROAD 7 ADDR CHG: 02/19/96
MARGATE, FL 33068 US
ANN REP : (1994) B 05/01/94 (1995) B 04/14/95 (1996) BY 02/19/96

9/10/99 OFFICER/DIRECTOR DETAIL SCREEN 1:07 PM
CORP NUMBER: 751445 CORP NAME: LAS BRISAS OF BOCA HOMEOWNERS ASSOCIATIO
TITLE: PD NAME: KALKSTIEN, HELENE
22070 LAS BRISAS CR.
BOCA RATON, FL
TITLE: SD NAME: PERLES, DOROTHY
22075 LAS BRISAS CIR 301
BOCA RATON, FL
TITLE: VTD NAME: DUBOCQ, SANDRA
22026 LAS BRISAS CIR.
BOCA RATON, FL

----- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT -----