

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2002 8:00 am**  
**Secretary of State**

06-05-2002 90415 039 \*\*\*\*61.25

**DOCUMENT # 751445**

1. Entity Name

**LAS BRISAS OF BOCA HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O EXCLUSIVE PROP. MGMT.  
 1280 SW 36 AVE #301  
 POMPANO BEACH FL 33069

C/O EXCLUSIVE PROP. MGMT.  
 1280 SW 36 AVE #301  
 POMPANO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2570109**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RYAN, TINA**  
 C/O EXCLUSIVE PROP. MGMT.  
 1280 SW 36 AVE #301  
 POMPANO BEACH FL 33069

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME  Delete  
**PD HARRINGTON, ELAINE**  
 STREET ADDRESS **22032 LAS BRISAS CIR**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**STD SOMSKY, ROSALIE**  
 STREET ADDRESS **22070 LAS BRISAS CIR**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE NAME  Change  Addition  
**VP SD SOMSKY, ROSALIE**  
 STREET ADDRESS **22070 LAS BRISAS CIRCLE**  
 CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE NAME  Delete  
**VPD JORDAN, PAULA**  
 STREET ADDRESS **22095 LAS BRISAS CIRCLE**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE NAME  Change  Addition  
**PD JORDAN, PAULA**  
 STREET ADDRESS **22095 LAS BRISAS CIRCLE**  
 CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
**D Manfred Lever**  
 STREET ADDRESS **21094 Las Brisas Circle**  
 CITY-ST-ZIP **Boca Raton, Fla. 33433**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *Paula Jordan* **PAULA JORDAN** 5/28/02 561-338-7257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)