

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751445

1. Entity Name

LAS BRISAS OF BOCA HOMEOWNERS ASSOCIATION, INC.

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

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

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

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

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

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

TITLE VPSD
NAME SOMSKY, ROSALIE
STREET ADDRESS 22070 LAS BRISAS CIRCLE
CITY-ST-ZIP BOCA RATON, FL 33433 ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 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 5/28/02 561-338-7757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)