## -2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 05, 2005 8:00 am Secretary of State **DOCUMENT # 751445** 04-05-2005 90049 007 \*\*\*\*61.25 LAS BRISAS OF BOCA HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address C/O J & L PROPERTY MANAGEMENT 10191 S. SAMPLE RD., #203 CORAL SPRINGS FL 33065 C/O J & L PROPERTY MANAGEMENT 10191 S. SAMPLE RD., #203 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State 4. FEI Number City & State 59-2570109 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CALDERAZZO, JAMES Street Address (P.O. Box Number is Not Acceptable) 10191 W. SAMPLE ROAD #203 -CORAL SPRINGS FL 33065 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 26-1381.8007300000 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. TITLE ☐ Defete TITLE ☐ Change Addition BERMAN, GEORGE NAME NAME 22066 LAS BRISAS CIR. STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE . 1 BUTLER MAETIN -Addition JORDAN, PAULA 22040 LAS BRISAS CA NAME NAME 22095 LAS BRISAS CIRCLE BOCARATON FL83433 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-78P TITLE UP ☐ Addition TIFLE Delete LEVER, MANFRED NAME NAME 21094 LAS BRISAS CIRCLE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE □ Defete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED**