

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2006 8:00 am
Secretary of State

06-09-2006 90003 024 ****61.25

DOCUMENT # 751445

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



Principal Place of Business
**C/O J & L PROPERTY MANAGEMENT
10191 S. SAMPLE RD., #203
CORAL SPRINGS, FL 33065 US**

Mailing Address
**C/O J & L PROPERTY MANAGEMENT
10191 S. SAMPLE RD., #203
CORAL SPRINGS, FL 33065 US**

50021258



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05232006

Chg-NP

CR2E037 (4/06)

City & State

City & State

4. FEI Number
59-2570109

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**CALDERAZZO, JAMES
10191 W. SAMPLE ROAD
#203
CORAL SPRINGS, FL 33065**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **P** ☐ Delete
NAME **BERMAN, GEORGE**
STREET ADDRESS **22066 LAS BRISAS CIR.**
CITY-ST-ZIP **BOCA RATON, FL 33433**

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

TITLE **D** ☐ Delete
NAME **BUTLER, MARTIN**
STREET ADDRESS **22040 LAS BAISAS CR**
CITY-ST-ZIP **BOCA RATON, FL 33433**

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

TITLE **VP** ☐ Delete
NAME **LEVER, MANFRED**
STREET ADDRESS **21094 LAS BRISAS CIRCLE**
CITY-ST-ZIP **BOCA RATON, FL 33433**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Mark H. Best

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/06

561-289-2751