


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 751445	
1. Entity Name LAS BRISAS OF BOCA HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 500 NE SPANISH RIVER BLVD STE 18 BOCA RATON, FL 33433 US	Mailing Address BEACON PROPERTY MANAGEMENT 500 NE SPANISH RIVER BLVD BOCA RATON, FL 33431 US
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04252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2570109	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIS, ERNEST
C/O BEACON PROP. MGMT.
500 NE SPANISH RIVER BLVD #18
BOCA RATON, FL 33431**

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IN THIS SPACE**

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 re-registering) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000937850
05/27/08-80067-008 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUTLER, MARTY 22040 LAS BRISAS CIRCLE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHECHTER, MAURICE 22075 LAS BRISAS CIR #302 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEVY, DAVID 22064 LAS BRISAS CIR BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KALKSTEIN, HELENE 22085 LAS BRISAS CIRCLE #201 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEMESH, SHLOMO 22028 LAS BRISAS CIRCLE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **DAVID LEVY Sec** 4/24/08 5617035047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #