2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# 751445

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

Current Principal Place of Business:

500 NE SPANISH RIVER BLVD
STE 18
BOCA RATON, FL 33433 US

New Principal Place of Business:

Current Mailing Address:

BEACON PROPERTY MANAGEMENT
500 NE SPANISH RIVER BLVD
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 59-2570109 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	BUTLER, MARTY	
Address:	22040 LAS BRISAS CIRCLE	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	PD	( ) Delete
Name:	SCHECHTER, MAURICE	
Address:	22075 LAS BRISAS CIR #302	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	SD	( ) Delete
Name:	LEVY, DAVID	
Address:	22064 LAS BRISAS CIR	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	TD	( ) Delete
Name:	KALKSTEIN, HELENE	
Address:	22085 LAS BRISAS CIRCLE #201	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	D	(X) Delete
Name:	SHEMESH, SHLOMO	
Address:	22028 LAS BRISAS CIRCLE	
City-St-Zip:	BOCA RATON, FL 33433	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	BUTLER, MARTY	
Address:	22040 LAS BRISAS CIRCLE	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	VPD	(X) Change ( ) Addition
Name:	SHEMESH, SHOLMO	
Address:	22042 LAS BRISAS CIR	
City-St-Zip:	BOCA RATON, FL 33433	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN BUTLER PD 01/23/2009
Electronic Signature of Signing Officer or Director — Date