

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90129 047 \*\*\*\*\*61.25

**DOCUMENT # 751445**

1. Entity Name

**LAS BRISAS OF BOCA HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

C/O EXCLUSIVE PROP. MGMT.  
1280 SW 36 AVE #301  
POMPANO BEACH FL 33069

Mailing Address

C/O EXCLUSIVE PROP. MGMT.  
1280 SW 36 AVE #301  
POMPANO BEACH FL 33069

**90154453**



2. Principal Place of Business

C/O J+L PROPERTY MGT

Suite, Apt. #, etc.

10191 W SAMPLE RD - 203

CITY & STATE  
CORAL SPRINGS FL

Zip

33065

Country

BROWARD

3. Mailing Address

C/O J+L PROPERTY MGT

Suite, Apt. #, etc.

10191 W SAMPLE RD - 203

CITY & STATE  
CORAL SPRINGS FL

Zip

33065

Country

BROWARD

☐ CHECK HERE IF MAKING CHANGES

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

**RYAN, TINA**

C/O EXCLUSIVE PROP. MGMT.  
1280 SW 36 AVE #301  
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name **J+L PROPERTY MGT James Calderszoo**

Street Address (P.O. Box Number is Not Acceptable)

10191 W SAMPLE RD - 203

City

CORAL SPRINGS

FL

Zip Code

33065

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

8/26/03

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition  
NAME **GEORGE BERMAN**  
STREET ADDRESS **22000 LAS BRISAS CIR**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **V P** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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:

**SIGNATURE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/03

561-368-6731

Date

Daytime Phone #

CR2E037 (4/03)