

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765570

FILED
Mar 31, 2009
Secretary of State

Entity Name: LAS BRISAS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

1044 CASTELLO DRIVE
SUITE 206
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

1044 CASTELLO DRIVE
SUITE 206
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-2391272 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MGMT CORP
1044 CASTELLO DRIVE, SUITE #206
NAPLES, FL 34103 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: WINCH, TONY
Address: 2 LAS BRISAS WAY
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: STEVENS, TOM
Address: 38 LAS BRIAS WAY
City-St-Zip: NAPLES, FL 34108

Title: SD () Delete
Name: SUMMERFIELD, JOHN
Address: 2 LAS BRISAS WAY
City-St-Zip: NAPLES, FL 34108

Title: PD () Delete
Name: SHEPHERD, MIKE
Address: 1 LAS BRISAS WAY
City-St-Zip: NAPLES, FL 34108

Title: TD () Delete
Name: MUELLER, FRED
Address: 8 LAS BRISAS WAY
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: SUMMERFIELD, JOHN
Address: 2 LAS BRISAS WAY
City-St-Zip: NAPLES, FL 34108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MUELLER, FRED
Address: 8 LAS BRISAS WAY
City-St-Zip: NAPLES, FL 34108

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: MIKE SHEPHERD

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date