


FILE NOW: FILING FEE IS \$61.25

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Feb 03, 1999 8:00am
Secretary of State

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02-03-1999 90019 045 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 771199

1. Corporation Name

LAS BRISAS VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business:

Mailing Address

3485 W VINE STREET
%ARENA MGMT GROUP INC
KISSIMMEE FL 34741

3485 W VINE STREET
%ARENA MGMT GROUP INC
KISSIMMEE FL 34741



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/14/1983
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2425715
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARENA MANAGEMENT GROUP INC
3485 W. VINE STREET
KISSIMMEE FL 34741

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Jana D. Arena

Jana D. Arena

1-11-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASEY, JAMES	1.2 NAME	
STREET ADDRESS	37 LAS BRISAS WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34743	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRANOVA, MARLENE	2.2 NAME	
STREET ADDRESS	48 LAS BRISAS WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34743	2.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AQUILINO, JOSEPH	3.2 NAME	
STREET ADDRESS	29 LAS BIRSAS WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34743	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jana D. Arena

1/11/99

Date

407-348-0881

Daytime Phone #

CR2E037 (11/98)