

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90033 001 ****61.25

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|--|---------------------|---|--|---|--|
| DOCUMENT # 771199 1. Entity Name LAS BRISAS VILLAS HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 101 PARK PLACE BLVD SUITE 2 KISSIMMEE, FL 34741 | | | Mailing Address 101 PARK PLACE BLVD SUITE 2 KISSIMMEE, FL 34741 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2425715 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| ASSOC. MGMT GROUP OF CENTRAL FL., INC. 101 PARK PLACE BLVD, SUITE 2 KISSIMMEE, FL 34741 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPENCER, CHARLENE | | NAME | Spencer, Charlene | |
| STREET ADDRESS | 29 LAS BRISAS WAY | | STREET ADDRESS | 29 Las Brisas Way | |
| CITY-ST-ZIP | KISSIMMEE, FL 34743 | | CITY-ST-ZIP | Kissimmee, FL 34743 | |
| TITLE | DVP | <input checked="" type="checkbox"/> Delete | TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TERRANOVA, MARLENE | | NAME | Rivera, Blanca | |
| STREET ADDRESS | 48 LAS BRISAS WAY | | STREET ADDRESS | 83 Las Brisas Way | |
| CITY-ST-ZIP | KISSIMMEE, FL 34743 | | CITY-ST-ZIP | Kissimmee, FL 34743 | |
| TITLE | DST | <input checked="" type="checkbox"/> Delete | TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GRIFFIN, ELIZABETH | | NAME | Rodriguez, Eric | |
| STREET ADDRESS | 35 LAS BRISAS WAY | | STREET ADDRESS | 46 Las Brisas Way | |
| CITY-ST-ZIP | KISSIMMEE, FL 34741 | | CITY-ST-ZIP | Kissimmee, FL 34743 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | Nieves, Carmen | |
| STREET ADDRESS | | | STREET ADDRESS | 87 Las Brisas Way | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Kissimmee, FL 34743 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | Meyer, Sonia | |
| STREET ADDRESS | | | STREET ADDRESS | 113 Las Brisas Way | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Kissimmee, FL 34743 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date Daytime Phone #</small> | | | | | |