

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morinham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 FEB -8 PM 1:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F94000005448 (5)

1. Corporation Name

LAS BRISAS, INC.

Principal Place of Business

Mailing Address

**28000 SPANISH WELLS DR.
BONITA SPRINGS FL 33923**

**28000 SPANISH WELLS DR.
BONITA SPRINGS FL 33923**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

10/20/1994

4. FEI Number

Applied For

65-0515404

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

01 Name

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

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PDC**
NAME **MCARDIE, DAVID A**
STREET ADDRESS **28000 SPANISH WELLS DR.**
CITY-ST-ZIP **BONITA SPRINGS FL 33923**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **McArdle, David A.**
1.3 STREET ADDRESS **4051 E. Main Street**
1.4 CITY-ST-ZIP **St. Charles, Illinois 60174**

TITLE **SD**
NAME **MCARDIE, DAVID A**
STREET ADDRESS **28000 SPANISH WELLS DR.**
CITY-ST-ZIP **BONITA SPRINGS FL 33923**

2.1 TITLE **SD** ☒ Change ☐ Addition
2.2 NAME **Kelly, Thomas J.**
2.3 STREET ADDRESS **311 Kautz Rd.**
2.4 CITY-ST-ZIP **St. Charles, Illinois 60174**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE **V** ☐ Change ☒ Addition
3.2 NAME **Kepley, Richard B.**
3.3 STREET ADDRESS **28000 Spanish Wells Drive**
3.4 CITY-ST-ZIP **Bonita Springs, Florida 33923-6686**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J. Kelly, Secretary 1-23-95 813/992-5529

DATE

TYPED NAME