

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90140 031 ***150.00

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DOCUMENT # F94000005448

1. Corporation Name
LAS BRISAS, INC.

Principal Place of Business
**28000 SPANISH WELLS DR.
BONITA SPRINGS FL 33923**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1994

4. FEI Number
65-0515404

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution Added to Fees**

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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**

81 Name

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

83

84 City

FL

85 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 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** ☐ DELETE

NAME **MCARDIE, DAVID A**
STREET ADDRESS **4051 E. MAIN STREET**
CITY-ST-ZIP **ST. CHARLES IL 60174**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE

NAME **KELLY, THOMAS J.**
STREET ADDRESS **311 KAUTZ RD.**
CITY-ST-ZIP **ST. CHARLES IL 60174**

2.1 TITLE **SD** ☒ Change ☐ Addition

2.2 NAME **Thomas J. Kelly**
2.3 STREET ADDRESS **1600 E. Main Street, Ste. B**
2.4 CITY-ST-ZIP **St. Charles, IL 60174**

TITLE **V** ☒ DELETE

NAME **KEPLEY, RICHARD B**
STREET ADDRESS **28000 SPANISH WELLS DRIVE**
CITY-ST-ZIP **BONITA SPRINGS FL 33923-6686**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **V** ☒ DELETE

NAME **PATE, STEPHEN**
STREET ADDRESS **28000 SPANISH WELLS BLVD**
CITY-ST-ZIP **BONITA SPRINGS FL**

4.1 TITLE **V** ☐ Change ☒ Addition

4.2 NAME **Michael Lane**
4.3 STREET ADDRESS **28000 Spanish Wells Blvd.**
4.4 CITY-ST-ZIP **Bonita Springs, FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

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 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 607, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J. Kelly, Secretary, 1/18/99, (630) 584-6580

Date

Daytime Phone #

CR2E034 (11/98)