

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90250 020 \*\*\*\*61.25

<b>DOCUMENT # N00000006891</b>			
<b>1. Entity Name</b> LAS BRISAS HOMEOWNERS ASSOCIATION OF PALM BEACH, INC.			
<b>Principal Place of Business</b> 11606 NW 19TH DRIVE CORAL SPRINGS, FL 33071		<b>Mailing Address</b> 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487	
<b>2. Principal Place of Business - No P.O. Box #</b> C/O C.A.M.S. 314 NE 3rd Street City & State Bounton Beach, FL Zip 33435		<b>3. Mailing Address</b> C/O C.A.M.S. 314 NE 3rd Street City & State Bounton Beach, FL Zip 33435	
<b>4. FEI Number</b> 65-1053086		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GELFAND, MICHAEL J ESQ. GELFAND & ARPE, P.A. 1555 PALM BEACH LAKES BLVD., STE 1220 WEST PALM BEACH, FL 33401-2329		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST- ZIP	<b>T</b> FLYNN, DENNIS 185 LAS BRISAS CIR HYPOLUXO, FL 33462	<b>TITLE</b> NAME STREET ADDRESS CITY-ST- ZIP	<b>PRESIDENT</b> WILLIAM DICK 115 LAS BRISAS CIR. HYPOLUXO FL 33462
<b>TITLE</b> NAME STREET ADDRESS CITY-ST- ZIP	<b>VD</b> YOUMANS, WILLIAM 193 LAS BRISTAS CIR WEST PALM BEACH, FL 33402	<b>TITLE</b> NAME STREET ADDRESS CITY-ST- ZIP	<b>VICE PRESIDENT</b> THOMAS STELLATO 140 LAS BRISAS CIR HYPOLUXO FL 33462
<b>TITLE</b> NAME STREET ADDRESS CITY-ST- ZIP	<b>S</b> BRANDT, SANDRA 144 LAS BRISAS CIRCLE LAKE WORTH, FL 33462	<b>TITLE</b> NAME STREET ADDRESS CITY-ST- ZIP	<b>SECRETARY</b> MICHAEL LARGENT 116 LAS BRISAS CIR HYPOLUXO, FL 33462
<b>TITLE</b> NAME STREET ADDRESS CITY-ST- ZIP	<b>D</b> LOUTH, CHARLES 173 LAS BRISAS CIR HYPOLUXO, FL 33462	<b>TITLE</b> NAME STREET ADDRESS CITY-ST- ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST- ZIP	<b>P</b> ROBERTS, JODY 112 LAS BRISTAS CIR LAKE WORTH, FL 33462	<b>TITLE</b> NAME STREET ADDRESS CITY-ST- ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST- ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST- ZIP	
<b>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 supplementary 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.</b>			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date</small>		<small>Daytime Phone #</small>	