

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006891

FILED
Apr 09, 2009
Secretary of State

Entity Name: LAS BRISAS HOMEOWNERS ASSOCIATION OF PALM BEACH, INC.

Current Principal Place of Business:

C/O C.A.M.S
314 NE 3RD ST
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

C/O C.A.M.S
314 NE 3RD ST
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 65-1053086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELFAND, MICHAEL J ESQ.
GELFAND & ARPE, P.A.
1555 PALM BEACH LAKES BLVD., STE 1220
WEST PALM BEACH, FL 334012329 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: FLYNN, DENNIS
Address: 185 LAS BRISAS CIR
City-St-Zip: HYPOLUXO, FL 33462

Title: P () Delete
Name: DICK, WILLIAM
Address: 115 LAS BRISAS CIR
City-St-Zip: HYPOLUXO, FL 33462

Title: VP () Delete
Name: STELLATO, THOMAS
Address: 140 LAS BRISAS CIR
City-St-Zip: HYPOLUXO, FL 33462

Title: D () Delete
Name: LOUTH, CHARLES
Address: 173 LAS BRISAS CIR
City-St-Zip: HYPOLUXO, FL 33462

Title: S () Delete
Name: LARGENT, MICHAEL
Address: 116 LAS BRISAS CIR
City-St-Zip: HYPOLUXO, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DICK, WILLIAM
Address: 115 LAS BRISAS CIRCLE
City-St-Zip: HYPOLUXO, FL 33462

Title: VP (X) Change () Addition
Name: LOUTH, CHARLES
Address: 173 LAS BRISAS CIRCLE
City-St-Zip: HYPOLUXO, FL 33462

Title: 2VP (X) Change () Addition
Name: FOX, JOE
Address: 140 LAS BRISAS CIR
City-St-Zip: HYPOLUXO, FL 33462

Title: S (X) Change () Addition
Name: LARGENT, MICHAEL
Address: 116 LAS BRISAS CIRCLE
City-St-Zip: HYPOLUXO, FL 33462

Title: T (X) Change () Addition
Name: HECK, CHUCK
Address: 104 LAS BRISAS CIRCLE
City-St-Zip: HYPOLUXO, FL 33462

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERI MCKENZIE

BKPR

04/09/2009

Electronic Signature of Signing Officer or Director

Date