

NOT-FOR-PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90012 046 ****61.25

DOCUMENT # **ND1000001527** ✓

1. Entity Name
LAS BRISAS CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

80092953

2. Principal Place of Business
21 Old Kings Road N.

3. Mailing Address
P.O. BOX 351196

Suite, Apt. #, etc.
Suite B101

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Palm Coast, Fl. 32137

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Palm Coast, Fl. 32137

4. FEI Number
#04-3560628

Applied For
 Not Applicable

Zip
32137

Country
U S A

Zip
32137

Country
U S A

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Palm Coast Property Management Co./Fred Annon

Street Address (P.O. Box Number is Not Acceptable)
7 Florida Park Drive, Suite C

FRED ANNON, JR.

City
Palm Coast,

FL

Zip Code
32137

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.

SIGNATURE

[Handwritten Signature]

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-22-02

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Harkins, William 21 Old Kings Rd. N. Palm Coast, Fl. 32137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Robinson, Gregory 21 Old Kings Rd. N. Palm Coast, Fl., 32137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Kincaid, Judith 21 Old Kings Rd. N. Palm Coast, Fl. 32137
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature] V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02

Date

(386) 446-8100

Daytime Phone #

CR2E037B (12/01)