


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90082 044 ****61.25

DOCUMENT # N01000001527					
1. Entity Name LAS BRISAS CONDOMINIUM ASSOCIATION OF PALM COAST, INC.					
Principal Place of Business C/O PREFERRED MANAGEMENT SERVICE PALM COAST, FL 32135			Mailing Address PO BOX 351196 PALM COAST, FL 32137		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PREFERRED MANAGEMENT SERVICES 500 N. OCEANSHOOTS BLVD. ATTN: LEA STOKES FLAGLER BEACH, FL 32136				Name <i>Preferred Management Services</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>109 S. 6th St.</i>	
				City <i>Flagler Beach</i>	
				State FL	
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.				4. FEI Number 04-3560628	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRYER, JAMES L			NAME	
STREET ADDRESS	80 SAN JUAN DR., #C102			STREET ADDRESS	
CITY-ST-ZIP	PALM COAST, FL 32137			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIZER, GEORGE			NAME	
STREET ADDRESS	100 SAN JUAN DR., #A103			STREET ADDRESS	
CITY-ST-ZIP	PALM COAST, FL 32137			CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGARTY, KAREN Y			NAME	
STREET ADDRESS	70 SAN JUAN DR. D104			STREET ADDRESS	
CITY-ST-ZIP	PALM COAST, FL 32137			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEKIEN, HARRY E			NAME	
STREET ADDRESS	70 SAN JUAN DR., #D101			STREET ADDRESS	
CITY-ST-ZIP	PALM COAST, FL 32137			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORIARTY, ROBERT V			NAME	
STREET ADDRESS	12 CRAZY HORSE CT.			STREET ADDRESS	
CITY-ST-ZIP	PALM COAST, FL 32137			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: X <i>James L Fryer Pres</i>				Date: <i>2/28/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	

ATTACHMENT

40026307

~~#N01000001527~~

**LAS BRISAS CONDOMINIUM ASSOCIATION
BOARD OF DIRECTORS
2004**

NAME/ADDRESS TITLE CONTACT NUMBERS

PRESIDENT

JIM FRYER
80 SAN JUAN DR
UNIT C-102
PALM COAST, FL
32137

HOME - 386-447-7555

VICE PRESIDENT

ROBERT MORIARTY
12 CRAZY HORSE CT
PALM COAST, FL
32137

HOME - 386-446-0039

TREASURE/SECRETARY

KAREN HEGARTY
70 SAN JUAN DR
UNIT D-103
PALM COAST, FL
32137

HOME -386-447-9679