

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90182 046 \*\*\*\*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



04182007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
04-3560628

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

PREFERRED MANAGEMENT SERVICES  
109 S 6TH ST  
FLAGLER BEACH, FL 32136

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRYER, JAMES L 80 SAN JUAN DR., #C102 PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LERIEN, HANS 70 SAN JUAN DR D 101 PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ABERCROMBIE, RICK P.O. BOX 1416 ORMOND BEACH, FL 32175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 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:**

*Hans Lerien*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07

Date

Daytime Phone #