


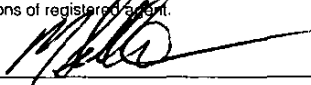
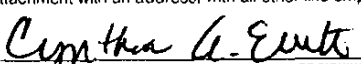
**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90041 035 \*\*\*\*61.25

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<b>DOCUMENT # N01000001527</b>					
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 - No P.O. Box # 100 San Juan Drive		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Palm Coast, Florida		City & State		4. FEI Number 04-3560628	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 32137	Country USA	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PREFERRED MANAGEMENT SERVICES 109 S 6TH ST FLAGLER BEACH, FL 32136			Name MARC BELLAPIANTA		
			Street Address (P.O. Box Number is Not Acceptable) 17 Old Kings Road North		
			Suite B		
			City Palm Coast, Florida		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		MARC BELLAPIANTA		2-29-08	
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, 2008		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 checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRYER, JAMES L		NAME	LEKIEN, HANS	
STREET ADDRESS	80 SAN JUAN DR., #C102		STREET ADDRESS	70 SAN JUAN DRIVE D-101	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LERIEN, HANS		NAME	ABERCROMBIE, RICK	
STREET ADDRESS	70 SAN JUAN DR D 101		STREET ADDRESS	P.O. BOX 1416	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	ORMOND BEACH, FL 32175	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABERCROMBIE, RICK		NAME	EVITT, CINDY	
STREET ADDRESS	P.O. BOX 1416		STREET ADDRESS	100 SAN JUAN DRIVE A-204	
CITY-ST-ZIP	ORMOND BEACH, FL 32175		CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	SMOOT, WILLIAM	
STREET ADDRESS			STREET ADDRESS	P.O. BOX 16097	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE, FL 32245-6097	
TITLE		<input type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JONIS, DAVID	
STREET ADDRESS			STREET ADDRESS	966 COBBLESTONE DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	ORANGE PARK, FL 32065	
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 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: 		Cynthia A. Evitt		3/15/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
Treasurer				386 445-9282	