

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001527

**FILED**  
**Mar 09, 2010**  
**Secretary of State**

**Entity Name:** LAS BRISAS CONDOMINIUM ASSOCIATION OF PALM COAST, INC.

**Current Principal Place of Business:**

100 SAN JUAN DRIVE  
PALM COAST, FL 32137 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 351196  
PALM COAST, FL 32137 US

**New Mailing Address:**

**FEI Number:** 04-3560628

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLAGLER PALM COAST PROPERTY MANAGEMENT, IN  
50 LEANNI WAY  
SUITE B6  
PALM COAST, FL 32137 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: PD  
Name: LEKIEN, HANS  
Address: 70 SAN JUAN DRIVE D-101  
City-St-Zip: PALM COAST, FL 32137 US

Title: VD  
Name: ABERCROMBIE, RICK  
Address: P.O. BOX 1416  
City-St-Zip: ORMOND BEACH, FL 32175 US

Title: TD  
Name: EVITT, CYNDY  
Address: 7850 STEPPINGSTONE LANE  
City-St-Zip: OOLTEWAH, TN 37363 US

Title: D  
Name: ABREU, NESTOR  
Address: 80 SAN JUAN DRIVE #C204  
City-St-Zip: PALM COAST, FL 32137 US

Title: ST  
Name: JONIS, DAVID  
Address: 966 COBBLESTONE DRIVE  
City-St-Zip: ORANGE PARK, FL 32065 US

I hereby 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 all other like empowered.

SIGNATURE: HANS LEKIEN

PRES

03/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date