

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90953 002 ****61.25

DOCUMENT # N01000001527

1. Entity Name

LAS BRISAS CONDOMINIUM ASSOCIATION OF PALM COAST, INC.



Principal Place of Business

**21 OLD KINGS ROAD
SUITE B101
PALM COAST FL 32137**

Mailing Address

**PO BOX 351196
PALM COAST FL 32137**

2. Principal Place of Business

96 Preferred Management Services

3. Mailing Address

P.O. Box 351196

Suite, Apt. #, etc.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Palm Coast, Fl.

City & State
Palm Coast, Fl.

4. FEI Number **04-3560628**

Applied For
 Not Applicable

Zip
32135

Country
USA

Zip
32135

Country
USA

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

6. Name and Address of Current Registered Agent

**PALM COAST PROPERTY MGMT CO FRED ANNON
7 FLORIDA PARK DR SUITE C
PALM COAST FL 32137**

7. Name and Address of New Registered Agent

Name **Preferred Management Services**
Street Address (P.O. Box Number is Not Acceptable)
500 N. OCEANSHORE BLVD.
Alt. Lea Stokes
City **Flagler Beach** FL Zip Code **32136**

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

[Handwritten Signature]

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

(NOTE: Registered Agent signature required when reinstating)

Feb. 21, 2003

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARKINS, WILLIAM 21 OLD KINGS ROAD #B PALM COAST FL 32137	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBINSON, GREG 21 OLD KINGS ROAD #B PALM COAST FL 32137	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KINCAID, JUDY 21 OLD KINGS ROAD #B PALM COAST FL 32137	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD James L. Fayer 80 SAN JUAN DRIVE # C102 Palm Coast, FL 32137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEBASTIAN POLITI P.O. Box 352361 Palm Coast, FL 32135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KAREN Y. Hegarty 70 SAN JUAN DRIVE D104 Palm Coast, FL 32137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIG JAMES L. FAYER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/03

386-439-0134

CR2E037 (10/02)

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