

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01638

FILED  
Feb 08, 2012  
Secretary of State

**Entity Name:** LAS BRISAS HOMEOWNERS' ASSOCIATION OF NEW SMYRNA BEACH, INC.

**Current Principal Place of Business:**

3001 SO ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

3001 SO ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

**FEI Number:** 59-2435801

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PETERSON, SID C JR  
418 CANAL STREET  
NEW SMYRNA BEACH, FL 32168 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: KRAMER, PETER  
Address: 3001 S ATLANTIC AVE., #421  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SD  
Name: HARRIS, MICHAEL  
Address: 3001 S ATLANTIC AVE #302  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD  
Name: HEWES, KATHLEEN  
Address: 3001 S ATLANTIC AVE #422  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DIR  
Name: BEINBRECH, DREW  
Address: 3001 S. ATLANTIC AVE #502  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: PETER KRAMER

PD

02/08/2012

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

\_\_\_\_\_  
Date