

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001827

FILED
Apr 29, 2005
Secretary of State

Entity Name: LAS BRISAS AT COUNTRY CLUB OF MIAMI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7055 NW 186 ST
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

7055 NW 186 ST
MIAMI, FL 33015

New Mailing Address:

7900 NW 155 ST
SUITE 206
MIAMI LAKES, FL 33016

FEI Number: 20-0280084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZARETSKY, LOUIS D ESQ
555 NE 15 ST STE 100
MIAMI, FL 33132 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 () Delete
Name: POYASTRO, MIGUEL
Address: 7055 NW 186 ST
City-St-Zip: MIAMI, FL 33015

Title: VSD () Delete
Name: HERRAN, EMILIANO
Address: 7055 NW 186 ST
City-St-Zip: MIAMI, FL 33015

Title: TD () Delete
Name: VALDEZ, ANGEL
Address: 7055 NW 186 ST
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOPEZ, ARLENE
Address: 7125 NW 186 ST B 402
City-St-Zip: MIAMI, FL 33015

Title: VSD (X) Change () Addition
Name: GREENE, ELVIRA, L
Address: 7075 NW 186 ST C201
City-St-Zip: MIAMI, FL 33015

Title: TD (X) Change () Addition
Name: GREENE, ROBERT
Address: 7075 NW 186 ST C201
City-St-Zip: MIAMI, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ARLENE LOPEZ

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date