2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2009
Secretary of State

DOCUMENT# N05000007179

Entity Name: BRISA DEL MAR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6234 HALYARD COURT
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

6234 HALYARD COURT
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 20-3527980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRYN, CARL
6234 HALYARD COURT
ROCKLEDGE, FL 32955 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:	P	( ) Delete
Name:	BRYN, CARL	
Address:	6234 HALYARD COURT	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	VP	( ) Delete
Name:	LAMB, HIRAM	
Address:	5014 BARTO LAMB LANE	
City-St-Zip:	MERRITT ISLAND, FL 32953	
Title:	T	( ) Delete
Name:	BRYN, DIANE	
Address:	6234 HALYARD COURT	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	S	( ) Delete
Name:	RODRIGUEZ, JACQUELINE	
Address:	878 WOODBINE DR.	
City-St-Zip:	MERRITT ISLAND, FL 32952	
Title:	ATL	( ) Delete
Name:	DAHL, MARTY	
Address:	2407 JESSICA LANE	
City-St-Zip:	SANDY, UT 84092	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DIANE BRYN TREA 08/31/2009

Electronic Signature of Signing Officer or Director — Date