

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N05955

1. Entity Name
LA BRISA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**525 BARCELONA AVE.
VENICE, FL 34285**

Mailing Address
**525 BARCELONA AVE.
#207
VENICE, FL 34285**



02112007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0182431	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RAASCH, SANDI EA
406 GIOVANNI DRIVE
NOKOMIS, FL 34275**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD	GARBUTT, EDWIN S
NAME	525 BARCELONA AVE #204
STREET ADDRESS	VENICE, FL 34285
CITY-ST-ZIP	
TITLE STD	JONES, HAWLEY
NAME	525 BARCELONA AVE #203
STREET ADDRESS	VENICE, FL 34285
CITY-ST-ZIP	
TITLE VD	CASEY, JAMES
NAME	525 BARCELONA AVE SUITE 208
STREET ADDRESS	VENICE, FL 34285
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000643903
03/02/07-80020-023 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

Hawley S Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #