


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90085 044 \*\*\*\*61.25

<b>DOCUMENT # N05955</b> 1. Entity Name LA BRISA CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 525 BARCELONA AVE. VENICE, FL 34285	Mailing Address 525 BARCELONA AVE. #207 VENICE, FL 34285
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**DO NOT WRITE IN THIS SPACE**

40000104



04232008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent  RAASCH, SANDI EA 406 GIOVANNI DRIVE NOKOMIS, FL 34275
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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: _____ <small>Signature is typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE: _____
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<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARbutt, EDWIN S 525 BARCELONA AVE #204 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JONES, HAWLEY 525 BARCELONA AVE #203 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASEY, JAMES 525 BARCELONA AVE SUITE 206 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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.

<b>SIGNATURE:</b> <i>Hawley D. Jones</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>HAWLEY D. JONES</i> Date: 4-24-08 Daytime Phone #: 941 488-1650
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