

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

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90037 006 ****61.25

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1. Entity Name
LAS BRISAS DEL CARIBE CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
101-A BUSINESS CENTRE DR
DESTIN, FL 32550

Mailing Address
101-A BUSINESS CENTRE DR
DESTIN, FL 32550

40044721



DO NOT WRITE IN THIS SPACE

02272008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
20-4927895

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANON, WALTER A ESQ
LAW OFFICES OF WALTER A. ANON, P.A.
7975 NW 155TH ST - STE A
MIAMI LAKES, FL 33015

**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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	MGR
NAME	BRUMFIELD, WILLIAM L
STREET ADDRESS	1450 AMBERJACK DR
CITY- ST- ZIP	GAUTIER, MS 39553
TITLE	MGR
NAME	O'NEAL, ALAN M
STREET ADDRESS	101-A BUSINESS CENTRE DR
CITY- ST- ZIP	DESTIN, FL 32550
TITLE	MGR
NAME	NEESE, HERMAN L JR
STREET ADDRESS	101-A BUSINESS CENTRE DR
CITY- ST- ZIP	DESTIN, FL 32550

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IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #