


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

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

05-29-2008 90196 027 \*\*\*\*61.25

DOCUMENT # N06000004268			
1. Entity Name LAS BRISAS AT SUNRISE COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 8151 PETERS ROAD CROSSROADS BLDG #2 PLANTATION, FL 33324		Mailing Address 8151 PETERS ROAD CROSSROADS BLDG #2 PLANTATION, FL 33324	
2. Principal Place of Business - No P.O. Box # Miami Management, Inc. 1145 Sawgrass Corp. Pkwy Suite, Apt. #, etc.		3. Mailing Address 1145 Sawgrass Corp. Pkwy Suite, Apt. #, etc.	
City & State Sunrise FL		City & State Sunrise FL	
Zip 33323		Country USA	
Country USA		Zip 33323	
Country Broward		Country Broward	
6. Name and Address of Current Registered Agent JEFFREY R. MARGOLIS, P.A. C/O DUANE MORRIS LLP 200 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: DAVID ARNOLD Street Address (P.O. Box Number is Not Acceptable): Association Law Group PO Box 419848 1666 Kennedy Cwy, Suite 305 City: Miramar Broward County FL Zip Code: 33141	
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: DAVID C. ARNOLD <i>David Arnold</i> MANAGING PARTNER ASSOCIATION LAW GROUP 4/16/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHRAGER, MARLENE 8190 STATE RD. 84 DAVIE, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Maria Carolina Herrera 1145 Sawgrass Corp. Pkwy Sunrise, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CAMPBELL, TANIA 8190 STATE RD. 84 DAVIE, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition sylvia maggie sierra 1145 Sawgrass Corp. Parkway Sunrise, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CUMMINGS, KENDALL 8151 PETERS ROAD PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition miguel Avila 1145 Sawgrass Corp. Pkwy Sunrise, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>David Arnold</i>		Date: 4/16/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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04092008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-4748622 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required