

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N14089 (9)**  
1. Corporation Name  
**LAS BRISAS OF BOCA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**C/O SUNVEST MANAGEMENT SERVICE CORP.**  
**1100 S SR 7 STE 100**  
**MARGATE FL 33068**

3. Date Incorporated or Qualified **03/28/1986** 3a. Date of Last Report **06/28/1995**  
4. FEI Number **59-2766029** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for imangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent  
**SUNVEST MANAGEMENT SERVICE CORPORATION**  
**1100 S STATE RD 7**  
**SUITE 100**  
**MARGATE FL 33068**

10. Name and Address of New Registered Agent  
81 Name **Sunvest Management Service Corp.**  
82 Street Address (P.O. Box Number is Not Acceptable) **441 S. State Rd 7**  
83 **Suite 4**  
84 City **Margate** FL 85 Zip Code **33068**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LENTO, MARIE	
STREET ADDRESS	220-65 LAS BRIAS CIRCLE 402	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	KLEIN, ANITA	
STREET ADDRESS	22075 LAS BRISAS CR 306	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HEINLEIN, ROBERT	
STREET ADDRESS	22085 LAS BRISAS CR 208	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Orkin, Andrea	
1.3 STREET ADDRESS	22095 Las Brisas Circle #104	
1.4 CITY-ST-ZIP	Boca Raton, FL 33433	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Letourmy, Giselle	
2.3 STREET ADDRESS	22095 Las Brisas Circle # 101	
2.4 CITY-ST-ZIP	Boca Raton, FL 33433	
3.1 TITLE	TSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Klein, Anita	
3.3 STREET ADDRESS	22075 Las Brisas Cr # 306	
3.4 CITY-ST-ZIP	Boca Raton, FL 33433	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	700001 778587	
4.4 CITY-ST-ZIP	-04/12/96--01031--006	
5.1 TITLE	**\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Andrea Orkin* **Andrea Orkin** 1/29/96 407 8945228  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Daytime Phone #

CR2E037 (12/95)

4-12-96 JA