


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N14089</b> 1. Entity Name <b>LAS BRISAS OF BOCA CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>C/O J&amp;L PROPERTY MANAGEMENT 10191 W. SAMPLE ROAD SUITE 203 CORAL SPRINGS FL 33065</b>	Mailing Address <b>C/O J&amp;L PROPERTY MANAGEMENT 10191 W. SAMPLE ROAD SUITE 203 CORAL SPRINGS FL 33065</b>
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

1st MOORE      CR2E037 (10/05)

4. FEI Number <b>59-2766029</b>	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**

**KATZMAN & KORR, P.A.  
1501 NW 49TH STREET  
SUITE 202  
FORT LAUDERDALE FL 33309**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 transferring) DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME	PD <b>ORKIN, ANDREA</b>	<input type="checkbox"/>
STREET ADDRESS <b>22095 LAS BRISAS CIRCLE #104</b>		
CITY-ST-ZIP <b>BOCA RATON FL 33433</b>		
TITLE NAME	STD <b>KLEIN, ANITA</b>	<input type="checkbox"/>
STREET ADDRESS <b>22076 LAS BRISAS CIRCLE #308</b>		
CITY-ST-ZIP <b>BOCA RATON FL 33433</b>		
TITLE NAME	ST <b>KALKSTEIN, HELENE</b>	<input type="checkbox"/>
STREET ADDRESS <b>22085-201 LAS BRISAS CR</b>		
CITY-ST-ZIP <b>BOCA RATON FL 33483</b>		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			

000000482165  
04/11/06-80064-023 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Andrea Orkin, President, Andrea Orkin      2/1/06      561-394-5229