

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16358

FILED
Feb 06, 2009
Secretary of State

Entity Name: LAS BRISAS TOWNHOUSE APARTMENTS CONDOMINIUM #IV ASSOCIATION, INC.

Current Principal Place of Business:

900 W. 49 ST.
220
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

900 W. 49 ST.
220
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: 59-2849736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELATORRE, CLEMENTE J
900 W. 49 ST.
220
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEREZ, GLORIA
Address: 900 W. 49 ST. STE. 200
City-St-Zip: HIALEAH, FL 33012

Title: VPD () Delete
Name: CLORALES, ARNALDO
Address: 900 W. 49 ST. STE. 200
City-St-Zip: HIALEAH, FL 33012

Title: TD () Delete
Name: CRUZ, ALVARO
Address: 900 W 49 ST STE 220
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PEREZ, GLORIA
Address: 900 W. 49 ST. STE. 220
City-St-Zip: HIALEAH, FL 33012

Title: VPD (X) Change () Addition
Name: CLORALES, ARNALDO
Address: 900 W. 49 ST. STE. 220
City-St-Zip: HIALEAH, FL 33012

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA PEREZ

PD

02/06/2009

Electronic Signature of Signing Officer or Director

Date