

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90314 043 \*\*\*\*61.25

**DOCUMENT # N50152**

1. Entity Name  
**LAS BRISAS HOMEOWNERS' ASSOCIATION OF  
BROWARD, INC.**



Principal Place of Business  
**19620 PINES BLVD, STE 205  
PEMBROKE PINES, FL 33029 US**

Mailing Address  
**C/O PINES PROPERTY MANAGEMENT  
P.O. BOX 820100  
SO FLORIDA, FL 33082-0100 US**

**60025082**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number

**65-0345691**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EVANS, THOMAS R. JR.  
19620 PINES BLVD, STE 205  
PEMBROKE PINES, FL 33029**

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 reinstating)

DATE

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **PD ARTHUR GANZ**  
STREET ADDRESS **17920 NW 19 ST**  
CITY-ST-ZIP **PEMBROKE PINES, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VPD AUDETTE, CLAUDE**  
STREET ADDRESS **2026 NW 180TH AVE**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33029**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **TD SIPLE, DON**  
STREET ADDRESS **2036 NW 180 AVE**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33029**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **SD HOPKINS, BEVERLY**  
STREET ADDRESS **17930 NW 19TH STREET**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33029**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **DS HOPKINS, BEVERLY LELJEAL, JAMES**  
STREET ADDRESS **17897 NW 21 STREET**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33029**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 registered agent 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-27-06 954-438-6570**