

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50152

FILED  
Apr 19, 2010  
Secretary of State

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

**Current Principal Place of Business:**

19620 PINES BLVD, STE 205  
PEMBROKE PINES, FL 33029 US

**New Principal Place of Business:**

19620 PINES BLVD  
# 205  
PEMBROKE PINES, FL 33029 US

**Current Mailing Address:**

C/O PINES PROPERTY MANAGEMENT  
P.O. BOX 820100  
SO FLORIDA, FL 330820100 US

**New Mailing Address:**

**FEI Number:** 65-0345691      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEVENS & GOLDWYN, P.A.  
2 SOUTH UNIVERSITY DRIVE  
#210  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

STEVENS & GOLDWYN, P.A.  
2 SOUTH UNIVERSITY DRIVE  
# 315  
PLANTATION, FL 33324 US

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

04/19/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GANZ, ARTHUR  
Address: 17920 NW 19 ST  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: VPD  
Name: AUDETTE, CLAUDE  
Address: 2026 NW 180TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: TD  
Name: SIPLE, DON  
Address: 2036 NW 180 AVE  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: SD  
Name: HOPKINS, BEVERLY  
Address: 1986 NW 180 AVE  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: D  
Name: BEST, JAMES  
Address: 1941 NW 178TH TERRACE  
City-St-Zip: PEMBROOKE PINES, FL 33029 US

I hereby 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 all other like empowered.

SIGNATURE: ARTHUR GANZ

PD

04/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date