

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000001556 (0)  
 1. Corporation Name

LAS BRISAS AT PLANTATION ACRES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

8508 N.W. 20TH STREET  
 SUNRISE FL 33313

1864 CLOVE RD.  
 STATEN ISLAND NY 10304

3. Date Incorporated or Qualified 04/01/1993

3a. Date of Last Report 08/25/1995

2. Principal Place of Business  
 21 11720 NW 9th St.

2a. Mailing Address  
 26 11720 NW 9th St.

4. FEI Number 65-0400131

Applied For Not Applicable

22 City & State  
 23 Plantation FL  
 24 Zip 33325  
 25 Country USA

27 City & State  
 28 Plantation, FL  
 29 Zip 33325  
 30 Country USA

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 intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLIVERI, THOMAS  
 6508 N.W. 20TH STREET  
 SUNRISE FL 33313

81 Name LARRY SCHWEIGER  
 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Rd Suite 100  
 83 40 Unisyn  
 84 City Plantation FL 85 Zip Code 33325

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]* LARRY B. SCHWEIGER 6/20/96  
 Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD / Treasurer
NAME	OLIVERI, THOMAS	1.2 NAME	SUZANNE SCHWEIGER
STREET ADDRESS	12031 N.W. 29TH PLACE	1.3 STREET ADDRESS	11720 NW 9th ST
CITY - ST - ZIP	SUNRISE FL 33323	1.4 CITY - ST - ZIP	Plantation FL 33325
TITLE	VD	2.1 TITLE	VD
NAME	LORE, PETER J	2.2 NAME	Faye M. Golding
STREET ADDRESS	27 SEAGULL LANE	2.3 STREET ADDRESS	11760 NW 9th St.
CITY - ST - ZIP	LINCROFT NJ 07738	2.4 CITY - ST - ZIP	Plantation, FL 33325
TITLE	STD	3.1 TITLE	Secretary / SD
NAME	OLIVERI, DEBRA	3.2 NAME	Barbara Valle
STREET ADDRESS	12031 N.W. 29TH PLACE	3.3 STREET ADDRESS	11741 NW 9th St.
CITY - ST - ZIP	SUNRISE FL 33323	3.4 CITY - ST - ZIP	Plantation, FL 33325
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	500001898835
NAME		5.2 NAME	-07/19/96--01005--051
STREET ADDRESS		5.3 STREET ADDRESS	***61.25
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *[Signature]* SUZANNE SCHWEIGER 6-20-96 954-472-2400  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)