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Secretary of State

04-15-1999 90136 014 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000001556

1. Corporation Name
LAS BRISAS AT PLANTATION ACRES HOMEOWNERS ASSOCIATION, INC.

3 4 8 4 3 8
 340438 - 90136 - 14

Principal Place of Business
 11720 NW 9TH ST.
 PLANTATION FL 33325
 US

Mailing Address
 11720 NW 9TH ST.
 PLANTATION FL 33325
 US



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	04/01/1993
23	City & State	City & State	4. FEI Number
24	Zip	Zip	65-0400131
25	Country	Country	Applied For
26			Not Applicable
27			5. Certificate of Status Desired <input type="checkbox"/>
28			\$8.75 Additional Fee Required
29			6. Election Campaign Financing <input type="checkbox"/>
30			\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SCHWEIGER, LARRY
 1200 S. PINE ISLAND RD SUITE 100
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ DATE _____
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	PDT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEIGER, SUZANNE	1.2 NAME	
STREET ADDRESS	11720 NW 9TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33325	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDING, FAYE M	2.2 NAME	
STREET ADDRESS	11720 NW 9TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33325	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLE, BARBARA	3.2 NAME	
STREET ADDRESS	11741 NW 9TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33325	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustee or custodian 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 attachments with an address, with all other like empowered.

SIGNATURE: *Suzanne Schweiger* 4-10-99 954 472-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)