FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 APR 12 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004084 (9)

1. Corporation Name

LAS BRISAS MASTER ASSOCIATION, INC.

Principal Place of Business
9801 TREASURE CAY LANE
BONITA SPRINGS FL 33959

Mailing Address
9801 TREASURE CAY LANE
BONITA SPRINGS FL 33959

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1994

3a. Date of Last Report:

4. FEI Number: ✓ Applied For / Not Applicable

2. Principal Place of Business
21 28000 SPANISH WELLS BLVD
Suite, Apt. #, etc. 22

2a. Mailing Address
26 28000 SPANISH WELLS BLVD
Suite, Apt. #, etc. 27

City & State
23 BONITA SPRINGS, FL
Zip 24 33923 Country 25 USA

City & State
28 BONITA SPRINGS, FL
Zip 29 33923 Country 30 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BOZE, JOANNA D
28000 SPANISH WELLS DRIVE BLVD
BONITA SPRINGS FL 33923-6686

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable) 28000 SPANISH WELLS BLVD
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature (typed or printed) name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MCARDLE, EDWARD J	12 NAME	
STREET ADDRESS	5001 WOODWAY NO 1505	13 STREET ADDRESS	
CITY ST ZIP	HOUSTON TX 77056	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MCARDLE, DAVID A	22 NAME	
STREET ADDRESS	301 S KENILWORTH AVE	23 STREET ADDRESS	
CITY ST ZIP	ELMSHURST IL 60126	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	KELLY, THOMAS J	32 NAME	
STREET ADDRESS	311 KAUTZ ROAD	33 STREET ADDRESS	
CITY ST ZIP	ST CHARLES IL 60174	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 the 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: 3-31-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #

0080188