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Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000004084 (9)

1. Corporation Name

LAS BRISAS MASTER ASSOCIATION, INC.



Principal Place of Business

28000 SPANISH WELLS BLVD
BONITA SPRINGS FL 33923
US

Mailing Address

28000 SPANISH WELLS BLVD
BONITA SPRINGS FL 34135-6801
US

3. Date Incorporated or Qualified

08/18/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 2786 West Crown Pointe Blvd

27 Suite, Apt. #, etc.

28 NAPLES FL.

29 34112 30 USA

4. FEI Number

65-0560040

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

BOZE, JOANNA D
28000 SPANISH WELLS BLVD
BONITA SPRINGS FL 33923-6886

10. Name and Address of New Registered Agent

81 Name ROGER KRAMER + ASSOC.
82 Street Address (P.O. Box Number is Not Acceptable) 2786 WEST CROWN POINTE BLVD.
83
84 City NAPLES FL 85 Zip Code 34112

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

T.E. LEATHER AGENT

1/11/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	MCARDLE, EDWARD J	5001 WOODWAY NO 1505	HOUSTON TX 77056	<input type="checkbox"/>
D	MCARDLE, DAVID A	301 S KENILWORTH AVE	ELMHURST IL 60126	<input type="checkbox"/>
D	KELLY, THOMAS J	311 KAUTZ ROAD	ST CHARLES IL 60174	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	PATE, STANLEY	28000 SPANISH WELLS BLVD	BONITA SPRINGS FL 33923	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 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:

T.E. LEATHER

1/11/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0060133

CR2E037 (9/96)