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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004084 (9)
 1. Corporation Name
LAS BRISAS MASTER ASSOCIATION, INC.

Principal Place of Business 2786 W CROWN POINTE BLVD NAPLES FL 34112 US	Mailing Address 28000 SPANISH WELLS BLVD BONITA SPRINGS FL 33923 US
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3. Date Incorporated or Qualified 08/18/1994	
4. FEI Number 65-0560040	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1044 Castello Drive Suite, Apt. #, etc. 22 Suite 206 City & State 23 Naples, FL Zip 24 34103	2a. Mailing Address 26 1044 Castello Drive Suite, Apt. #, etc. 27 Suite 206 City & State 28 Naples, FL Zip 29 34103
Country 25 USA	Country 30 USA

9. Name and Address of Current Registered Agent
ROGER, KRAMER A
2786 W CROWN POINTE BLVD
NAPLES FL 34112

10. Name and Address of New Registered Agent
81 Name Southwest Property Management Corp.
82 Street Address (P.O. Box Number is Not Acceptable) 1044 Castello Drive
83 Suite 206
84 City Naples **85 FL** **86 Zip Code 34103**

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 **Stephen E. Williams, President** *Stephen E. Williams* **4/9/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCARDLE, EDWARD J		1.2 NAME McArdel, Edward J.	
STREET ADDRESS 5001 WOODWAY NO 1505		1.3 STREET ADDRESS 28000 Spanish Wells Drive	
CITY-ST-ZIP HOUSTON TX 77056		1.4 CITY-ST-ZIP Bonita Springs, FL 34134	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCARDLE, DAVID A		2.2 NAME McArdle, David A.	
STREET ADDRESS 301 S KENILWORTH AVE		2.3 STREET ADDRESS 28000 Spanish Wells Drive	
CITY-ST-ZIP ELMHURST IL 60128		2.4 CITY-ST-ZIP Bonita Springs, FL 34135	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KELLY, THOMAS J		3.2 NAME Kelly, Thomas K.	
STREET ADDRESS 311 KAUTZ ROAD		3.3 STREET ADDRESS 28000 Spanish Wells Drive	
CITY-ST-ZIP ST CHARLES IL 60174		3.4 CITY-ST-ZIP Bonita Springs, FL 34134	
TITLE P	<input type="checkbox"/> DELETE	4.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PATE, STEPHEN		4.2 NAME	
STREET ADDRESS 28000 SPANISH WELLS BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP BONITA SPRINGS FL		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 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: *Stephen E. Williams, Director* **4-14-98** **941-261-0440**

CP2E037 (10/97)