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**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90089 045 \*\*\*\*61.25

0062886

NONPROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

**DOCUMENT # N94000004084**

1. Corporation Name

**LAS BRISAS MASTER ASSOCIATION, INC.**

Principal Place of Business

1044 CASTELLO DRIVE  
 SUITE #206  
 NAPLES FL 34103  
 US

Mailing Address

1044 CASTELLO DRIVE  
 SUITE #206  
 NAPLES FL 34103  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

3. Date Incorporated or Qualified

08/18/1994

4. FEI Number

65-0560040

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

**SOUTHWEST PROPERTY MANAGEMENT CORP.**  
 1044 CASTELLO DRIVE  
 SUITE #206  
 NAPLES FL 34103

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

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 **D**  DELETE  
 NAME **MCARDLE, EDWARD J.**  
 STREET ADDRESS **28000 SPANISH WELLS DRIVE**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **PD**  DELETE  
 NAME **MCARDLE, DAVID A**  
 STREET ADDRESS **28000 SPANISH WELLS DRIVE**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **DS**  DELETE  
 NAME **KELLY, THOMAS J**  
 STREET ADDRESS **28000 SPANISH WELLS DRIVE**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **VD**  DELETE  
 NAME **PATE, STEPHEN**  
 STREET ADDRESS **28000 SPANISH WELLS BLVD**  
 CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME **McCardle, Edward J.**  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME **Lane, Mike**  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99 941-992-5529

Date

Daytime Phone #

CR2E037 (11/98)