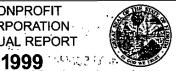
FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am § Secretary of State

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

CHAENT # NOACOOOACOA

1. Corporation Name	0004004		٠						
LAS BRISAS MASTER ASSOCIATION, INC.					300dy - 45				
Principal Place of Business	Mailing Address								
1044 CASTELLO DRIVE 1044 CASTELLO DRIVE SUITE #206 SUITE #206 NAPLES FL 34103 NAPLES FL 34103 US US									
2. Principal Place of Business	2a. Mailing Address			3.	Date Incorporated or Qualifed 08/18/1994				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			4.	FEI Number 65-0560040		Applied For		
City & State	City & State			ŧ .	Certificate of Status Desired		8.75 Additiona Fee Required		
Zip Country 24 25		untry		6.	Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
		81	Name						
SOUTHWEST PROPERTY MANAGEMENT CORP.		82	Street Addres	Address (P.O. Box Number is Not Acceptable)					
1044 CASTELLO DRIVE SUITE #206		83							
NAPLES FL 34103		84	City		F	L 85	Zip Code		
Pursuant to the provisions of Sections 617.0 office or registered agent, or both, in the Stagent. I am familiar with, and accept the oblining the section of the secti	te of Florida. Such change was authorize	d by	the corporation	atio 's b	n submits this statement for the purpose pard of directors. I hereby accept the ap	of changointmen	ging its registere nt as registered		

•	· · · · · ·				ŀ
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature	required when reinstating) DATE		
	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	D DELETE	11700 F		Change	Addition
NAME	MCARDEL- EDWARD J	1.2 NAME	McCardle, Edward J.		•
STREET ADDRESS	28000 SPANISH WELLS DRIVE	1.3 STREET ADDRESS	occurre , establish or		ļ
CITY-ST-ZIP	BONITA SPRINGS FL 34134	1.4 CITY-ST-ZIP			
TITLE	PD DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME ;	MCARDLE, DAVID A	2.2 NAME			
STREET ADDRESS	28000 SPANISH WELLS DRIVE	2.3 STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS FL 34135	2.4 CITY-ST-ZIP			
TITLE	DS DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	KELLY, THOMAS J	3.2 NAME			
STREET ADDRESS	28000 SPANISH WELLS DRIVE	3.3 STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS FL 34134	3.4. CITY-ST-ZIP	<u> </u>		-
TITLE	VD □ DELETE	4.1 TITLE	1.0	☐ Change	☐ Addition
NAME	PATE, STEPHEN	4. 2 NAME	Lane, Mike		
STREET ADDRESS	28000 SPANISH WELLS BLVD	4.3 STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS FL	4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		☐ Change	Addition
NAMÉ		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
C/TY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		Change	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, with all other like empowered.

SIGNATURE:

SMATURE REQUIRED

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Applied For Not Applicable