

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90070 016 \*\*\*\*61.25

**DOCUMENT # N94000004084**

1. Entity 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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0560040</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b> SOUTHWEST PROPERTY MANAGEMENT CORP. 1044 CASTELLO DRIVE SUITE #206 NAPLES FL 34103	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>VD</b> NAME <b>DILLON, RON</b> STREET ADDRESS <b>P O BOX 366879</b> CITY-ST-ZIP <b>BONITA SPRINGS FL 34136</b>	<input type="checkbox"/> Delete	TITLE <b>D</b> NAME <b>Keith Cantwell</b> STREET ADDRESS <b>P O Box 346879</b> CITY-ST-ZIP <b>Bonita Springs, FL 34136</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>PD</b> NAME <b>MCARDLE, DAVID A</b> STREET ADDRESS <b>P O BOX 366879</b> CITY-ST-ZIP <b>BONITA SPRINGS FL 34136</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>D</b> NAME <b>Tom Schreck</b> STREET ADDRESS <b>9050 Las Maderas Dr. #202</b> CITY-ST-ZIP <b>Bonita Springs, FL 34135</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>DS</b> NAME <b>BOZE, JOANNA</b> STREET ADDRESS <b>P O BOX 366879</b> CITY-ST-ZIP <b>BONITA SPRINGS FL 34136</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>VANDEGRIFT, ROBERT</b> STREET ADDRESS <b>9091 LAS MADERAS DRIVE #102</b> CITY-ST-ZIP <b>BONITA SPRINGS FL 34135</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 4-22-02 239-992-5529  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)