


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90099 013 ****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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



03192004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0560040 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> Delete
NAME	SCHRUM, ROBERT
STREET ADDRESS	9060 PALMAS EMANDES BLVD., #101
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	VD <input type="checkbox"/> Delete
NAME	WAHNER, BOB
STREET ADDRESS	9110 LOS LAGOS CT., #202
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	STD <input checked="" type="checkbox"/> Delete
NAME	RAMSTORF, BOB
STREET ADDRESS	9021 LAS MADERAS DR. #102
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SCHRECK, TOM
STREET ADDRESS	9050 LAS MADERAS DRIVE - SUITE 202
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	KESTER, JACK
STREET ADDRESS	9151 LAS MADERAS DR.
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BURNES, JAMES
STREET ADDRESS	9060 PALMAS EMANDES BLVD., #206
CITY-ST-ZIP	BONITA SPRINGS, FL 34135

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOB BUDGINS
STREET ADDRESS	8980 PALMAS GRANDES BLVD - #201
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOB WAHNER
STREET ADDRESS	9110 LOS LAGOS CT #202
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	SECRETARY/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICTOR ROSSETTI
STREET ADDRESS	9011 LAS MADERAS DR. #202
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT TUCKER
STREET ADDRESS	9101 LAS MADERAS DR #202
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ED DOUGLAS
STREET ADDRESS	9143 LAS MADERAS DR.
CITY-ST-ZIP	BONITA SPRINGS, FL 34135

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: Robert W. Schrum 3/28/04 261-3440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #