

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90986 036 ****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 c/o Resort Management Suite, Apt. #, etc. 2685 Horseshoe Dr. S. #215 City & State Naples, FL Zip 34104 Country Collier		3. Mailing Address c/o Resort Management Suite, Apt. #, etc. 2685 Horseshoe Dr. S. #215 City & State Naples, FL Zip 34104 Country Collier	
4. FEI Number 65-0560040		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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: Robert Budgins Street Address (P.O. Box Number is Not Acceptable): 8980-201 Palmas Grandes Blvd. City: Bonita Springs FL Zip Code: 34135	
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		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: SCHRUM, ROBERT STREET ADDRESS: 9060 PALMAS EMANDES BLVD., #101 CITY-ST-ZIP: BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE: P NAME: Schrum, Robert STREET ADDRESS: 9060-101 Palmas Grandes Blvd CITY-ST-ZIP: Bonita Springs, FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: BUDGINS, BOB STREET ADDRESS: 8980 PALMER GRANDES BLVD. #201 CITY-ST-ZIP: BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE: P NAME: Budgins, Robert STREET ADDRESS: 8980-201 Palmas Grandes Blvd. CITY-ST-ZIP: Bonita Springs, FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WARNER, BOB STREET ADDRESS: 9110 LOS LOGOS CT #200 CITY-ST-ZIP: BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE: T NAME: Wahner, Robert STREET ADDRESS: 9110-202 Los Logos Court CITY-ST-ZIP: Bonita Springs, FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: ROSSETAL, VICTOR STREET ADDRESS: 9011 LAS MADERAS DR. #202 CITY-ST-ZIP: BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE: S NAME: Rossetti, Victor STREET ADDRESS: 9011-202 Las Maderas Drive CITY-ST-ZIP: Bonita Springs, FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: TUCKER, ROBERT STREET ADDRESS: 9101 LAS MADERAS DR. #202 CITY-ST-ZIP: BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Schreck, Thomas STREET ADDRESS: 9050-202 Las Maderas Drive CITY-ST-ZIP: Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: DOUGLAS, ED STREET ADDRESS: 9143 LAS MADERAS DR. CITY-ST-ZIP: BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE: VP NAME: Douglas, Edward STREET ADDRESS: 9143 Las Maderas Drive CITY-ST-ZIP: Bonita Springs, FL 34135	<input checked="" 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:		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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