


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90470 048 ****61.25

DOCUMENT # N94000004084	
1. Entity Name LAS BRISAS MASTER ASSOCIATION, INC.	

Principal Place of Business C/O RESORT MGMT 2685 HORSESHOE DR, #215 NAPLES, FL 34104 US	Mailing Address C/O RESORT MGMT 2685 HORSESHOE DR, #215 NAPLES, FL 34104 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04142006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0560040

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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BUDGINS, ROBERT 8980-201 PALMAS GRANDES BLVD BONITA SPRINGS, FL 34135	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:  _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D SCHRUM, ROBERT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRUM, ROBERT	NAME	
STREET ADDRESS	9060 PALMAS EMANDES BLVD., #101	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP	
TITLE	P BUDGINS, BOB <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDGINS, BOB	NAME	
STREET ADDRESS	8980 PALMER GRANDES BLVD. #201	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP	
TITLE	T WARNER, BOB <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNER, BOB	NAME	
STREET ADDRESS	9110 LOS LOGOS CT #200	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP	
TITLE	S ROSSETAL, VICTOR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSETAL, VICTOR	NAME	
STREET ADDRESS	9011 LAS MADERAS DR. #202	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP	
TITLE	D SCHRECK, THOMAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRECK, THOMAS	NAME	
STREET ADDRESS	9050-202 LAS MADERAS DR.	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP	
TITLE	V DOUGLAS, ED <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, ED	NAME	
STREET ADDRESS	9143 LAS MADERAS DR.	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #