



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90110 028 ****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		<p>40101000</p> 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03162007 Chg-NP CR2E037 (12/06)	
Zip		Country		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			7. Name and Address of New Registered Agent		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$81.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	D SCHRUM, ROBERT 9060 PALMAS EMANDES BLVD., #101 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schrum, Robert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9060 Palmas Grandes Blvd. #101 Bonita Springs, FL 34135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUDGINS, BOB 8980 PALMER GRANDES BLVD. #201 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Budgins, Robert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8980 Palmas Grandes Blvd. #201 Bonita Springs, FL 34135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARNER, BOB 9110 LOS LOGOS CT #200 BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Lichenstein, Ike <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9110 Las Maderas Drive #201 Bonita Springs, FL 34135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSSETAL, VICTOR 9011 LAS MADERAS DR. #202 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rossetti, Victor <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9011 Las Maderas Dr. #202 Bonita Springs, FL 34135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHRECK, THOMAS 9050-202 LAS MADERAS DR. BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dalton, Kenneth <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9041 Las Logos Court #101 Bonita Springs, FL 34135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOUGLAS, ED 9143 LAS MADERAS DR. BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Douglas, Ed <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9143 Las Maderas Dr. Bonita Springs, FL 34135	
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: _____			Date: 4/11/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		