

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90246 040 ****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

40091561



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

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

04012008 Chg-NP CR2E037 (12/06)

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
 BUDGINS, ROBERT
 8980-201 PALMAS GRANDES BLVD
 BONITA SPRINGS, FL 34135

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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	D	<input type="checkbox"/> Delete
NAME	SCHRUM, ROBERT	
STREET ADDRESS	9060 PALMAS GRANDES BLVD #101	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	P	<input type="checkbox"/> Delete
NAME	BUDGINS, BOB	
STREET ADDRESS	8980 PALMAS GRANDES BLVD. #201	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	T	<input type="checkbox"/> Delete
NAME	LICHENSTEIN, IKE	
STREET ADDRESS	9111 LAS MADERAS DRIVE #201	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROSSETAL, VICTOR	
STREET ADDRESS	9011 LAS MADERAS DR. #202	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DALTON, KENNETH	
STREET ADDRESS	9141 LOS LAGOS COURT #101	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DOUGLAS, ED	
STREET ADDRESS	9143 LAS MADERAS DR.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wahner, Robert	
STREET ADDRESS	9110 Los Lagos Court #202	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Burnes, Jim	
STREET ADDRESS	9060-206 Palmas Grandes Blvd.	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ramstrof, Robert	
STREET ADDRESS	9021-102 Las Maderas Drive	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wheelock, Major	
STREET ADDRESS	LAS MADERAS DR #201	
CITY-ST-ZIP	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, 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: I. Robert Lichtenstein Date 4/16/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR