

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N94000006186 (0)**

1. Corporation Name

**LAS BRISAS CONDOMINIUM HOMES CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

28000 SPANISH WELLS DR **BLVD**  
BONITA SPRINGS FL 33923

28000 SPANISH WELLS DR **BLVD**  
BONITA SPRINGS FL 33923

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOZE, JOANNA D**  
28000 SPANISH WELLS DR **BLVD**  
BONITA SPRINGS FL 33923

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**28000 SPANISH WELLS BLVD.**

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when conducting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  
NAME **MCARDLE, DAVID A**  
STREET ADDRESS **311 KAUTZ ROAD**  
CITY-ST-ZIP **ST. CHARLES IL 60174**

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE **D**  
NAME **KEPLEY, RICHARD B**  
STREET ADDRESS **28000 SPANISH WELLS DR. BLVD**  
CITY-ST-ZIP **BONITA SPRINGS FL 33923**

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS **28000 SPANISH WELLS BLVD**  
24 CITY-ST-ZIP

TITLE **D**  
NAME **KELLY, THOMAS J**  
STREET ADDRESS **311 KAUTZ ROAD**  
CITY-ST-ZIP **ST. CHARLES IL 60174**

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this original report or supplemental annual 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed by an attachment with an address.

SIGNATURE:

*[Handwritten Signature]*

**75-37-56 (813) 992-5529**

Signature, typed or printed name of signing officer or director

Date

Original Filing #

APPROVED AND FILED  
95 MAY -1 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
REMITTED BY MAY 1

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/16/1994** 3a. Date of Last Report

4. FEI Number **65-0560043** Applied For  Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No