FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

N9400006186 (0) DOCUMENT

LAS BRISAS CONDOMINIUM HOMES CONDOMINIUM ASSOCIA TION, INC.

Principal Place of Business Mailing Address 28000 SPANISH WELLS BLVD 28000 SPANISH WELLS BLVD **BONITA SPRINGS FL 33923** BONITA SPRINGS FL 34135-6801 3a. Date of Last Repor 05/01/1996 3. Date Incorporated or Qualified 12/16/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 2786 West 65-0570521 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be C NAPLE 23 Trust Fund Contribution Added to Fees Zıp Country Country This corporation has liability for intangible tax under s. 199.032, 451 Yes No 24 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BQZE, JOANNA D er is Not Acceptable 82 28000 SPANISH WELLS BLVD 63 **BONITA SPRINGS FL 33923** 84 to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent experim, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered in familiar with, and accept the obligations of Section 617.0503, Florida Statutes. office or agent. La 4Gen SIGNATURE 12. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) Ď DELETE TITLE 1.1 TITLE Change ☐ Addition MCARDLE, DAVID A 1.2 NAME 311 KAUTZ ROAD STREET ADDRESS 1.3 STREET ADDRESS ST. CHARLES IL 60174 CITY-ST-ZIP 1.4 CITY - ST - ZIP D DELETE TITLE 2.1 TITLE ☐ Change Addition KEPLEY, RICHARD B NAME 2.2 NAME 28000 SPANISH WELLS BLVD STREET ADDRESS 2.3 STREET ADDRESS **BONITA SPRINGS FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition KELLY, THOMAS J NAME 3.2 NAME 311 KAUTZ ROAD STREET ADDRESS 3.3 STREET ADDRESS ST. CHARLES IL 60174 CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE TIFLE NAME 4.2 NAME Ke. 33923 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE ☐ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 61 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS 64 CITY-ST-ZIP 14. I do 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 annual poort 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 comporting or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 jickinged, or on an attrachment with an address.

SIGNATURE

STREET ADDRESS

QUIRED

FILED

Mar 04 1997 8:00am

Secretary of State