

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90222 044 ****61.25

DOCUMENT # N94000006186

1. Entity Name

LAS BRISAS CONDOMINIUM HOMES CONDOMINIUM ASSOCIA

Principal Place of Business

Mailing Address

28000 SPANISH WELLS BLVD
 BONITA SPRINGS FL 33923
 US

1044 CASTELLO DRIVE
 SUITE 206
 NAPLES FL 34103-1900
 US

2. Principal Place of Business

Southwest Property Management Corp.
 1044 Castello Drive
 Suite 206
 Naples, FL 34103

3. Mailing Address

Suite, Apt. #, etc.

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0570521

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SOUTHWEST PROPERTY MANAGEMENT CORP.
 1044 CASTELLO DRIVE
 SUITE 206
 NAPLES FL 34103

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.

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Delete
NAME	DA COSTA, MANUEL	
STREET ADDRESS	28 GELDARD ST	
CITY-ST-ZIP	CUMBERLAND RI 02864	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DEL ROSSO, LUCREZIA	
STREET ADDRESS	9060 PALMAS GRANDES BLVD., #204	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MASI, DIANN M	
STREET ADDRESS	9070 PALMAS GRANDES BLVD., #704	
CITY-ST-ZIP	BONITA SPGS FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Morgan, Joan	
STREET ADDRESS	9070 Palmas Grandes Blvd. #103	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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: SIC [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00 MAS
 Date Daytime Phone #

CR2E037 (9/99)