

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90002 034 ****61.25

0006095

DOCUMENT # N94000006186

1. Entity Name

LAS BRISAS CONDOMINIUM HOMES CONDOMINIUM ASSOCIA

Principal Place of Business

Mailing Address

**SOUTHWEST PROPERTY MANAGEMENT
 1044 CASTELLO DRIVE STE-206
 NAPLES FL 34103
 US**

**1044 CASTELLO DRIVE
 SUITE 206
 NAPLES FL 34103
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0570521

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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: **PD** Delete
 NAME: **DA COSTA, MANUEL**
 STREET ADDRESS: **28 GELDARD ST**
 CITY-ST-ZIP: **CUMBERLAND RI 02864**

TITLE: **VD** Change Addition
 NAME: **Robert Schrum**
 STREET ADDRESS: **9060 Palmes Grandes Blvd. #101**
 CITY-ST-ZIP: **Bonita Spring, FL 34135**

TITLE: **STD** Delete
 NAME: **DEL ROSSO, LUCREZIA**
 STREET ADDRESS: **9060 PALMAS GRANDES BLVD., #204**
 CITY-ST-ZIP: **BONITA SPRINGS FL 34135**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **VD** Delete
 NAME: **MORGAN, JOAN**
 STREET ADDRESS: **9070 PALMAS GRANDES BLVD #103**
 CITY-ST-ZIP: **BONITA SPGS FL 34135**

TITLE: **PD** Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
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 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/2001

941-261-3440

Date

Daytime Phone #

CR2E037 (10/00)