

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90070 017 \*\*\*\*61.25

**DOCUMENT # N94000006186**

1. Entity Name

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

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	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>SCHRUM, ROBERT</b>	
STREET ADDRESS	<b>9060 PALMES GRANDES BLVD #101</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>DEL ROSSO, LUCREZIA</b>	
STREET ADDRESS	<b>9060 PALMAS GRANDES BLVD., #204</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MORGAN, JOAN</b>	
STREET ADDRESS	<b>9070 PALMAS GRANDES BLVD #103</b>	
CITY-ST-ZIP	<b>BONITA SPGS FL 34135</b>	
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	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Burt Holm</b>	
STREET ADDRESS	<b>9050 Palmas Grandes Blvd # 204</b>	
CITY-ST-ZIP	<b>Bonita Springs, FL 34135</b>	
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)(l), 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)