


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90499 047 ****61.25

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1. Entity Name
 LAS BRISAS CONDOMINIUM HOMES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 SOUTHWEST PROPERTY MANAGEMENT
 1044 CASTELLO DRIVE STE 206
 NAPLES, FL 34103 US

Mailing Address
 1044 CASTELLO DRIVE
 SUITE 206
 NAPLES, FL 34103 US

40033034



2. Principal Place of Business
do Resort Management
 Suite, Apt. #, etc.
2685 Horseshoe Dr.S.#215

3. Mailing Address
do Resort Management
 Suite, Apt. #, etc.
2685 Horseshoe Dr.S.#215

04132005 Chg-NP CR2E037 (10/03)

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
 65-0570521

Applied For
 Not Applicable

Zip
34104

Country
Collier

Zip
34104

Country
Collier

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 *Robert Schrum*
 Street Address (P.O. Box Number is Not Acceptable)
9060-101 Palmas Grandes Blvd.
 City *Bonita Springs* FL Zip Code *34135*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert W. Schrum* DATE *4/27/05*

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

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHRUM, ROBERT	
STREET ADDRESS	9060 PALMAS GRANDES BLVD #101	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	FISCHER, BOB	
STREET ADDRESS	28060 PALMAS GRANDES BLVD., #102	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, JOAN	
STREET ADDRESS	9070 PALMAS GRANDES BLVD #103	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schrum, Robert	
STREET ADDRESS	9060-101 Palmas Grandes Blvd.	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Page, Todd	
STREET ADDRESS	9060-205 Palmas Grandes Blvd.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Burnes, Jim	
STREET ADDRESS	9060-206 Palmas Grandes Blvd.	
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		

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: *Robert W. Schrum* DATE *4/27/05* DAYTIME PHONE # *239-947-836*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR