

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90164 004 \*\*\*\*61.25

**DOCUMENT # N94000006186**

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



40094623



Principal Place of Business  
**C/O RESORT MANAGEMENT**  
**2685 HORSESHOE DRIVE S, #215**  
**NAPLES, FL 34104 US**

Mailing Address  
**C/O RESORT MANAGEMENT**  
**2685 HORSESHOE DRIVE S, #215**  
**NAPLES, FL 34104 US**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04012008 Chg-NP CR2E037 (12/06)

City & State

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

**SCHRUM, ROBERT**  
**9060-101 PALMAS GRANDES BLVD**  
**BONITA SPRINGS, FL 34135**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2008**

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	P	<input type="checkbox"/> Delete
NAME	SCHRUM, ROBERT	
STREET ADDRESS	9060-101 PALMAS GRANDES BLVD	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	S	<input type="checkbox"/> Delete
NAME	BURNES, JIM	
STREET ADDRESS	9060-206 PALMAS GRANDES BLVD	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MITCHELL, IAN	
STREET ADDRESS	9060-104 PALMAS GRANDES BLVD	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burnes, Jim	
STREET ADDRESS	9060-206 Palmas Grandes Blvd.	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mitchell, Ian	
STREET ADDRESS	9060-104 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 exemptions contained in Chapter 119, 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 Robert Schrum 239-947-8366  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*President / Treasurer*