

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006186

FILED  
Mar 30, 2010  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0570521      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SCHRUM, ROBERT  
Address: 9060-101 PALMAS GRANDES BLVD  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP  
Name: BURNES, JIM  
Address: 9060-206 PALMAS GRANDES BLVD  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S  
Name: MITCHELL, IAN  
Address: 9060-104 PALMAS GRANDES BLVD  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT SCHRUM

P

03/30/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date