


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90328 014 \*\*\*\*61.25

**DOCUMENT # N94000006188**

1. Entity Name  
**LAS BRISAS TWIN VILLAS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**28000 SPANISH WELLS BLVD.  
 BONITA SPRINGS, FL 33923-6686**


Mailing Address  
**6732 LONE OAK BLVD  
 NAPLES, FL 34109 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

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

City & State  
 City & State

Zip Country  
 Zip Country



04022004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0560042** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ROGER KRAMER & ASSOC  
 6732 LONE OAK BLVD.  
 NAPLES, FL 34109**

**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, 2004**

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	D	<input checked="" type="checkbox"/> Delete
NAME	WADNER, PEGGY	
STREET ADDRESS	9173 LAS MADERAS DR	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DOUGLAS, EDWARS	
STREET ADDRESS	9143 LAS MADERAS DR	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KESTER, JACK	
STREET ADDRESS	9151 LAS MADERAS DR	
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	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHEELLOCK, MAJOR	
STREET ADDRESS	9131 LAS MADERAS DR	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, EDWARD	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBES, KENNETH	
STREET ADDRESS	9161 LAS MADERAS DR	
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:** *John Paul Don Fairchild* **4/8/04** **299-592-1577**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Property Manager*