

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006188

FILED
Mar 13, 2009
Secretary of State

Entity Name: LAS BRISAS TWIN VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

KRAMER-TRIAD MGMT GROUP LLC
3050 N HORSESHOE DR STE 275
NAPLES, FL 34101

New Principal Place of Business:

BENSONS KT MGMT GROUP LLC
3050 N HORSESHOE DR STE 275
NAPLES, FL 34104

Current Mailing Address:

KRAMER-TRIAD MGMT GROUP LLC
3050 N HORSESHOE DR STE 275
NAPLES, FL 34101 US

New Mailing Address:

BENSONS KT MGMT GROUP LLC
3050 N HORSESHOE DR STE 275
NAPLES, FL 34104 US

FEI Number: 65-0560042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHELLACK, MAJOR
KRAMER-TRAID MGMT GROUP LLC
3050 N HORSESHOE DR STE 275
NAPLES, FL 34101 US

Name and Address of New Registered Agent:

BENSONS KT MGMT GROUP LLC
3050 HORSESHOE DR. N.
STE 275
NAPLES, FL 34104 US

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: MARK KROTZ

03/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WHELOCK, MAJOR
Address: 9131 LAS MADERAS DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP () Delete
Name: DOUGLAS, EDWARD
Address: 9143 LAS MADERAS DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T () Delete
Name: ROBES, KENNETH
Address: 9161 LAS MADERAS DR
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARK KROTZ

MGR

03/13/2009

Electronic Signature of Signing Officer or Director

Date