

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 MAY -1 AM 10:10

SECRET
TALLAHASSEE, FLORIDA
REMITTED BY MAIL 1

DOCUMENT # **N94000006190 (2)**

1. Corporation Name

LAS BRISAS COACH HOMES CONDOMINIUM ASSOCIATION, INC.,

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**28000 SPANISH WELLS DRIVE BLVD
BONITA SPRINGS FL 33923-6686**

3. Date Incorporated or Qualified 3a. Date of Last Report
12/16/1994

4. FBI Number Applied For
65-0560041 Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **26**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

City & State City & State
23 **28**

Zip Country Zip Country
24 **25** **29** **30**

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**BOZE, JOANNA D
28000 SPANISH WELLS DRIVE BLVD
BONITA SPRINGS FL 33923-6686**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
28000 SPANISH WELLS BLVD
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **MCARDLE, DAVID A**
STREET ADDRESS **311 KAUTZ ROAD**
CITY - ST - ZIP **ST. CHARLES IL 60174**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **D**
NAME **KEPLEY, RICHARD B**
STREET ADDRESS **28000 SPANISH WELLS RD. BLVD**
CITY - ST - ZIP **BONITA SPRINGS FL 33923**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS **28000 SPANISH WELLS BLVD.**
24 CITY - ST - ZIP

TITLE **D**
NAME **KELLY, THOMAS J**
STREET ADDRESS **311 KAUTZ ROAD**
CITY - ST - ZIP **ST. CHARLES IL 60174**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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, proprietor, or the executor or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of or an addition with an address.

SIGNATURE

[Signature]
PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Expiration Date