


FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N94000006190 (2)
1. Corporation Name
LAS BRISAS COACH HOMES CONDOMINIUM ASSOCIATION, INC.,



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

3. Date Incorporated or Qualified 12/16/1994		
4. FEI Number 65-0560041	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 1044 Castello Drive	2a. Mailing Address 26 1044 Castello Drive		
Suite, Apt. #, etc. 22 Suite 206	Suite, Apt. #, etc. 27 Suite 206		
City & State 23 Naples, FL	City & State 28 Naples, FL		
Zip 24 34103	Country 25 USA	Zip 29 34103	Country 30 USA

9. Name and Address of Current Registered Agent
**ROGER KRAMER AND ASSOC
2786 W CROWN POINT BLVD
NAPLES FL 34112**

10. Name and Address of New Registered Agent

81 Name Southwest Property Management Corp.	
82 Street Address (P.O. Box Number is Not Acceptable) 1044 Castello Drive	
83 Suite Suite 206	
84 City Naples, FL	85 Zip Code 34103

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Stephen E. Williams, President** *Stephen E. Williams* **4/9/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D	MCARDLE, DAVID A	<input type="checkbox"/> DELETE
STREET ADDRESS 311 KAUTZ ROAD		
CITY-ST-ZIP ST. CHARLES IL 60174		
TITLE D	KEPLEY, RICHARD B	<input type="checkbox"/> DELETE
STREET ADDRESS 28000 SPANISH WELLS BLVD		
CITY-ST-ZIP BONITA SPRINGS FL		
TITLE D	KELLY, THOMAS J	<input type="checkbox"/> DELETE
STREET ADDRESS 311 KAUTZ ROAD		
CITY-ST-ZIP ST. CHARLES IL 60174		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME McArdle, David A.	
1.3 STREET ADDRESS 28000 Spanish Wells	
1.4 CITY-ST-ZIP Bonita Springs, FL	
2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Vandergift, Robert	
2.3 STREET ADDRESS 9091 Las Maderas Drive #102	
2.4 CITY-ST-ZIP Bonita Springs, FL	
3.1 TITLE S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Kelly, Thomas J.	
3.3 STREET ADDRESS 28000 Spanish Wells Drive	
3.4 CITY-ST-ZIP Bonita Springs, FL	
4.1 TITLE V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Pate, Stephen	
4.3 STREET ADDRESS 28000 Spanish Wells Drive	
4.4 CITY-ST-ZIP Bonita Springs, FL	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Stephen E. Williams* **4/15/98 941-261-3440**

CR2E037 (10/97)