

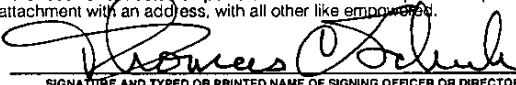


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90970 023 ****61.25

DOCUMENT # N94000006190			
1. Entity Name LAS BRISAS COACH HOMES CONDOMINIUM ASSOCIATION, INC.,			
Principal Place of Business 1044 CASTELLO DRIVE SUITE 206 NAPLES, FL 34103 US		Mailing Address 1044 CASTELLO DRIVE SUITE 206 NAPLES, FL 34103 US	
2. Principal Place of Business c/o Resort Management 2685 Horseshoe Dr.S.#215 NAPLES, FL		3. Mailing Address c/o Resort Management 2685 Horseshoe Dr.S.#215 NAPLES, FL	
Suite, Apt. #, etc. 2685 Horseshoe Dr.S.#215		Suite, Apt. #, etc. 2685 Horseshoe Dr.S.#215	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34104		Country Collier	
4. FEI Number 65-0560041		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOUTHWEST PROPERTY MANAGEMENT CORP. 1044 CASTELLO DRIVE SUITE 206 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name: Thomas Schreck Street Address (P.O. Box Number is Not Acceptable): 9050-202 Las Maderas Dr. City: Bonita Springs FL Zip Code: 34135	
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: 4/27/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VD	NAME: TUCKER, BOB	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS: 9101 LAS MADERAS DR. #202	CITY-ST-ZIP: BONITA SPRINGS, FL 34135		
TITLE: PD	NAME: SCHREK, TOM	<input type="checkbox"/> Delete	
STREET ADDRESS: 9050 LASMADERAS DR #202	CITY-ST-ZIP: BONITA SPRINGS, FL 34135		
TITLE: SDTD	NAME: CONLOW, TOM	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS: 9061 LAS MADERAS DRIVE #102	CITY-ST-ZIP: BONITA SPRINGS, FL 34135		
TITLE:	NAME:	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:		
TITLE:	NAME:	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:		
TITLE:	NAME:	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE: 4/27/05 237-948-3768	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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