

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90473 009 ****61.25

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DOCUMENT # N94000006190 1. Entity Name LAS BRISAS COACH HOMES CONDOMINIUM ASSOCIATION, INC.,						
Principal Place of Business C/O RESORT MANAGEMENT 2685 HORSE SHOE DR S, # 25 NAPLES, FL 34104 US			Mailing Address C/O RESORT MANAGEMENT 2685 HORSE SHOE DR S, # 25 NAPLES, FL 34104 US			
2. Principal Place of Business C/O Resort Management Suite, Apt. #, etc. 2685 Horseshoe Dr. S. #215		3. Mailing Address C/O Resort Management Suite, Apt. #, etc. 2685 Horseshoe Dr. S. #215		04142006 Chg-NP CR2E037 (11/05)		
City & State Naples, FL		City & State Naples, FL		4. FEI Number 65-0560041		
Zip 34104		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SCHRECK, THOMAS 9050-202 LAS MADERAS DR BONITA SPRINGS, FL 34135				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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE _____ </div> </div>						
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME SCHREK, THOMAS STREET ADDRESS 9050-202 LAS MADERAS DRIVE CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete			TITLE DST NAME Robert Santucci STREET ADDRESS 1901-201 Las Maderas Drive CITY-ST-ZIP Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE DS NAME Fred Weber STREET ADDRESS 9101-102 Las Maderas Drive CITY-ST-ZIP Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE DT NAME 1 Le Uchenstein STREET ADDRESS 9111-201 Las Maderas Drive CITY-ST-ZIP Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 _____ Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						