

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 15, 2009
Secretary of State**

DOCUMENT# N94000006190

Entity Name: LAS BRISAS COACH HOMES CONDOMINIUM ASSOCIATION, INC.,

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S 215
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S 215
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 65-0560041 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHRECK, THOMAS
9050-202 LAS MADERAS DR
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHREK, THOMAS
Address: 9050-202 LAS MADERAS DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S () Delete
Name: SANTUACCI, ROBERT
Address: 1901-201 LAS MEDERAS DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DT () Delete
Name: LICHENSTEIN, IKE
Address: 9111-201 LAS MEDERAS DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SANTUACCI, ROBERT
Address: 1901-201 LAS MEDERAS DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T (X) Change () Addition
Name: LICHENSTEIN, IKE
Address: 9111-201 LAS MEDERAS DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

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: THOMAS SCHRECK

P

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date