

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006190

FILED  
Apr 21, 2011  
Secretary of State

**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:**

LAW OFFICE OF JAMIE GREUSEL  
1104 N. COLLIER BLVD  
MARCO ISLAND, FL 34145 US

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: JAMIE GREUSEL

04/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: T/S  
Name: LICHENSTEIN, IKE  
Address: 9111-201 LAS MEDERAS DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby 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 all other like empowered.

SIGNATURE: THOMAS SCHRECK

P

04/21/2011

Electronic Signature of Signing Officer or Director

Date