

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N97000000403**

1. Entity Name  
**LAS BRISAS NEIGHBORHOOD COMMUNITY WATCH, INC.**



Principal Place of Business  
**3021 ENGLISH OAK CIR  
 PENSACOLA, FL 32526**

Mailing Address  
**P O BOX 3776  
 ESCAMBIA, FL 32516**

**DO NOT WRITE IN THIS SPACE**



02062008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3449855</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**KLING, STEVEN  
 3021 ENGLISH OAK CIR.  
 PENSACOLA, FL 32526**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, WILLIAM L 3070 BENT OAK RD PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLING, STEVEN J 3021 ENGLISH OAK CIR PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FORD, DEBBIE 3011 ENGLISH OAK CIRCLE PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D MARIA, TRIMBLE 7196 PENINSULA DR PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000844644  
 03/13/08-80007-009 61.25

**DO NOT WRITE IN THIS SPACE**

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:** Steven A. Kling **2-26-08** **850 377-0820**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #