


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90254 015 ****61.25

DOCUMENT # N97000004918	
1. Entity Name PUESTA DEL SOL AT LAS BRISAS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business C/O RESORT MANAGEMENT 2685 HORSESHOE DR S, # 215 NAPLES, FL 34104 US	Mailing Address C/O RESORT MANAGEMENT 2685 HORSESHOE DR S, # 215 NAPLES, FL 34104 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40077036



03162007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0820746	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
WAHNER, ROBERT 9110 202 LAS VEGAS CT BONITA SPRINGS, FL 34135	

7. Name and Address of New Registered Agent	
Name	Edward Delson
Street Address (P.O. Box Number is Not Acceptable)	
9141-202 Las Lagos Court	
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 [Signature] DATE 4/14/07
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAHNER, ROBERT 9110-202 LAS LAGOS CT BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Delson, Edward 9141-202 Las Lagos Court Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRAYCHAK, STEPHEN 9131-101 LOS LOGAS CT BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KROUGH, WALTER 9110-201- LOS LOGAS CT BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Dalton, Kenneth 9141-101 Las Lagos Court 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: [Signature] Date 4/14/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

ORION BANK

Fax: 239-556-1024 Mar 7 2007 14:02

P. 07

ATTACHMENT

4001005828

Orion Bank

Pine Ridge Office

1905 Pine Ridge Road

Naples, FL 34109

CORPORATE AUTHORIZATION RESOLUTION

By: Puesta Del Sol at Las Brisas Condominium

2685 Horseshoe Dr S # 215

Naples FL 34104

40077036
N97000004918

Referred to in this document as "Financial Institution"

Referred to in this document as "Corporation"

I, Kenneth Dalton, certify that I am Secretary (clerk) of the above named corporation organized under the laws of Florida, Federal Employer I.D. Number 65-0820746, engaged in business under the trade name of Puesta Del Sol at Las Brisas, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Board of Directors of the Corporation duly and properly called and held on 03/07/2007 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>Edward Delson</u> President	X	X
B. <u>Stephen Troychak</u> Vice-president	X	X
C. <u>Kenneth Dalton</u> Secretary/Treasurer	X	X
D. <u>Robert Rosenow</u> Manager	X	X
E. _____	X _____	X
F. _____	X _____	X

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>N/A</u>	(1) Exercise all of the powers listed in this resolution.	<u>N/A</u>
<u>ABCD</u>	(2) Open any deposit or share account(s) in the name of the Corporation.	<u>1</u>
<u>ABCD</u>	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	<u>1</u>
<u>N/A</u>	(4) Borrow money on behalf and in the name of the Corporation, sign, execute and deliver promissory notes or other evidences of indebtedness.	<u>N/A</u>
<u>N/A</u>	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Corporation as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	<u>N/A</u>
<u>N/A</u>	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	<u>N/A</u>
<u>N/A</u>	(7) Other _____	<u>N/A</u>

LIMITATIONS ON POWERS The following are the Corporation's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated 03/07/2007. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY:

I further certify that the Board of Directors of the Corporation has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

☒ If checked, the Corporation is a non-profit corporation.

In Witness Whereof, I have subscribed my name to this document and affixed the seal of the Corporation on _____ (date).

Attest by One Other Officer

Secretary

ORION BANK

Fax: 239-598-4044

Mar 7 2007 14:02

P.06

ATTACHMENT

40077036

Orion Bank
Pine Ridge Office
1905 Pine Ridge Road
Naples, FL 34109

ACCOUNT
NUMBER 4001005828

OWNERSHIP OF ACCOUNT - CONSUMER PURPOSE (Select one and initial):

- ☐ Single-Party Account ☐ Multiple-Party Account
☐ Multiple-Party Account - Tenancy by the Entireties
☐ Trust-Separate Agreement Dated: _____

RIGHTS AT DEATH (Select one and initial):

- ☐ Single-Party Account
☐ Single-Party Account With Pay-on-Death Designation (name beneficiaries below)
☐ Multiple-Party Account With Right of Survivorship
☐ Multiple-Party Account With Right of Survivorship and Pay-on-Death Designation (name beneficiaries below)
☐ Multiple-Party Account Without Right of Survivorship

NAME OR NAMES OF BENEFICIARIES:

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE

- ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP
☒ CORPORATION: ☐ FOR PROFIT ☒ NOT FOR PROFIT
☐ LIMITED LIABILITY COMPANY

BUSINESS: Condominium Account

COUNTY & STATE: Collier, Florida

AUTHORIZATION DATED: 3/7/2007

Date Updated

DATE OPENED: 03/07/2007 by Adriana Arizmendi

INITIAL DEPOSIT \$ ☐ CASH ☐

HOME TELEPHONE: 239-592-1577

BUSINESS PHONE # _____

E-MAIL _____

EMPLOYER _____

Name and address of someone who will always know your location: _____

BACKUP WITHHOLDING CERTIFICATIONS

TIN: 650820746

☒ **TAXPAYER I.D. NUMBER** - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.

☒ **BACKUP WITHHOLDING** - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ **EXEMPT RECIPIENTS** - I am an exempt recipient under the Internal Revenue Service Regulations.

SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

X _____ (Date)

ACCOUNT OWNER(S) NAME & ADDRESS

Puerta Del Sol at Las Brisas Condominium

Association Inc

C/O Resort Management

2685 Horseshoe Dr S # 215

Naples FL 34104

Non-Profit Elite Checking

- ☐ NEW ☒ EXISTING
TYPE OF ACCOUNT ☒ CHECKING ☐ SAVINGS
☐ MONEY MARKET ☐ CERTIFICATE OF DEPOSIT
☐ NOW

This is your (check one):

☒ Permanent ☐ Temporary account agreement.

Number of signatures required for withdrawal: 1

FACSIMILE SIGNATURE(S) ALLOWED: ☐ YES ☒ NO

SIGNATURE(S) - The undersigned agree to the terms stated on every page of this form and acknowledge receipt of a completed copy. The undersigned further authorize the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following disclosure(s):

- ☐ Deposit Account ☐ Funds Availability ☒ TXth in Savings
☐ Electronic Fund Transfers ☐ Privacy ☐ Substitute Checks

(1): [X] Edward Delson
 I.D. # _____ D.O.B. _____

(2): [X] Stephen Troychak
 I.D. # _____ D.O.B. _____

(3): [X] Kenneth Dalton
 I.D. # _____ D.O.B. _____

(4): [X] Robert Roscano
 I.D. # _____ D.O.B. _____

☐ Convenience Account Agent (Single-Party Accounts Only)

[X]
 I.D. # _____ D.O.B. _____

ATTACHMENT

4000406209

Orion Bank

Pine Ridge Office

1905 Pine Ridge Road

Naples, FL 34109

CORPORATE AUTHORIZATION RESOLUTION

By: Puesta Del Sol at Las Brisas Condominium
2685 Horseshoe Dr S #215
Naples FL 34104

Referred to in this document as "Financial Institution"

Referred to in this document as "Corporation"

I, Kenneth Dalton, certify that I am Secretary (clerk) of the above named corporation organized under the laws of Florida, Federal Employer I.D. Number 65-0820746, engaged in business under the trade name of Puesta Del Sol at Las Brisas, and that the resolutions on this document are a correct copy of the resolution adopted at a meeting of the Board of Directors of the Corporation duly and properly called and held on 03/07/2007 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>Edward Delson</u> President	X	X
B. <u>Stephen Troychak</u> Vice-president	X	X
C. <u>Kenneth Dalton</u> Secretary/Treasurer	X	X
D. <u>Robert Rosencow</u> Manager	X	X
E. _____	X _____	X
F. _____	X _____	X

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>N/A</u>	(1) Exercise all of the powers listed in this resolution.	<u>N/A</u>
<u>ABCD</u>	(2) Open any deposit or share account(s) in the name of the Corporation.	<u>1</u>
<u>ABCD</u>	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	<u>1</u>
<u>N/A</u>	(4) Borrow money on behalf and in the name of the Corporation, sign, execute and deliver promissory notes or other evidences of indebtedness.	<u>N/A</u>
<u>N/A</u>	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Corporation as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	<u>N/A</u>
<u>N/A</u>	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	<u>N/A</u>
<u>N/A</u>	(7) Other _____	<u>N/A</u>

LIMITATIONS ON POWERS The following are the Corporation's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated 03/07/2007. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

(Further certify that the Board of Directors of the Corporation has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

☒ If checked, the Corporation is a non-profit corporation.

In Witness Whereof, I have subscribed my name to this document and affixed the seal of the Corporation on _____ (date).

Attest by One Other Officer _____

Secretary _____

ORION BANK

Fax: 239-598-4044

Mar 7 2007 14:02

P.08

ATTACHMENT

Orion Bank
Pine Ridge Office
1905 Pine Ridge Road
Naples, FL 34109

400777036
#19700000 4918

ACCOUNT NUMBER 4000406209

OWNERSHIP OF ACCOUNT - CONSUMER PURPOSE (Select one and initial):

- ☐ Single-Party Account ☐ Multiple-Party Account
☐ Multiple-Party Account - Tenancy by the Entireties
☐ Trust-Separate Agreement Dated: _____

RIGHTS AT DEATH (Select one and initial):

- ☐ Single-Party Account
☐ Single-Party Account With Pay-on-Death Designation (name beneficiaries below)
☐ Multiple-Party Account With Right of Survivorship
☐ Multiple-Party Account With Right of Survivorship and Pay-on-Death Designation (name beneficiaries below)
☐ Multiple-Party Account Without Right of Survivorship

NAME OR NAMES OF BENEFICIARIES:

ACCOUNT OWNER(S) NAME & ADDRESS

Pucsta Del Sol at Las Brisas Condominium
Association Inc
C/O Resort Management
2685 Horseshoe Dr S # 215
Naples FL 34104

Other Savings Accounts

- TYPE OF ACCOUNT**
- | | |
|--|---|
| <input type="checkbox"/> NEW | <input checked="" type="checkbox"/> EXISTING |
| <input checked="" type="checkbox"/> CHECKING | <input type="checkbox"/> SAVINGS |
| <input type="checkbox"/> MONEY MARKET | <input type="checkbox"/> CERTIFICATE OF DEPOSIT |
| <input type="checkbox"/> NOW | |

This is your (check one):

- ☒ Permanent ☐ Temporary account agreement.

Number of signatures required for withdrawal 1

FACSIMILE SIGNATURE(S) ALLOWED ☐ YES ☒ NO

SIGNATURE(S) - The undersigned, agree to the terms stated on every page of this form and acknowledge receipt of a completed copy. The undersigned further authorize the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following disclosure(s):

- ☐ Deposit Account ☐ Funds Availability ☐ Withdrawal in Savings
☐ Electronic Fund Transfers ☐ Privacy ☐ Substitute Checks

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE

- ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP
☒ CORPORATION: ☐ FOR PROFIT ☒ NOT FOR PROFIT
☐ LIMITED LIABILITY COMPANY

BUSINESS: Condominium Account

COUNTY & STATE: Collier, Florida

AUTHORIZATION DATED: 3/7/2007

Date Updated:

DATE OPENED 03/07/2007 BY Adriana Arizmendi

INITIAL DEPOSIT ☐ CASH ☐

HOME TELEPHONE # 239-592-1577

BUSINESS PHONE #

E-MAIL

EMPLOYER

Name and address of someone who will always know your location:

BACKUP WITHHOLDING CERTIFICATIONS

TIN: 650820746

☒ **TAXPAYER I.D. NUMBER** - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.

☒ **BACKUP WITHHOLDING** - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ **EXEMPT RECIPIENTS** - I am an exempt recipient under the Internal Revenue Service Regulations.

SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

X

(Date)

(1): Edward Delson

☒ [Signature]

I.D. # _____ D.O.B. _____

(2): Stephen Troychak

☒ [Signature]

I.D. # _____ D.O.B. _____

(3): Kenneth Dalton

☒ [Signature]

I.D. # _____ D.O.B. _____

(4): Robert Rosenow

☒ [Signature]

I.D. # _____ D.O.B. _____

☐ Convenience Account Agent (Single-Party Accounts Only)

☒ [Signature]

I.D. # _____ D.O.B. _____

ATTACHMENT

40077036

Request for Signature Cards

19700004918

To: Orion Bank

Fax #: (239) 598-4044

Attn: Jenna or Adriana

From: Resort Management

FAKED
3/6/07 AB

R/M Employee Contact Name & Phone #: Sara (239) 649-5526

Please change the signers on the following account number (s):

Operating Acct #: 4001005828 # of Signatures Required 1

Reserve Acct #: 4000406209 # of Signatures Required 1

Other Acct #: _____ # of Signatures Required _____

Effective Date of Change:

3/6/07

Corporate Name of Association:

Puesta Del Sol @ Las Brisas

Mailing Address:

c/o Resort Management

2685 Horseshoe Drive South #215

Naples, FL 34104

Tax ID#:

65-0820746

Phone #:

(239) 649-5526

New Authorized Signers:

Name & Title:

Edward Nelson - President

Stephen Troychak - Vice President

Kenneth Dalton - Secretary/Treasurer

Robert Rosenow - Manager

Signature Card Mailing Instructions: Please fax to (239) 403-1061

TRANSACTION REPORT

P. 01

ATTACHMENT

MAR-06-2007 TUE 04:47 PM

FOR: RESORT MANAGEMENT

238 403 1061

40077036

#N97000004918

SEND

DATE START	RECEIVER	TX TIME	PAGES	TYPE	NOTE	M#	DP
MAR-06 04:47 PM	5984044	25"	2	FAX TX	OK	819	

TOTAL :

25S PAGES: 2

Request for Signature Cards

To: Orion BankFax #: (239) 598-4044Attn: Jenna or AdrianoFrom: Resort ManagementR/M Employee Contact Name & Phone #: Sara (239) 649-5526

Please change the signers on the following account number (s):

Operating Acct #: 2001025309 # of Signatures Required 1Reserve Acct #: 8300005405 # of Signatures Required 1

Other Acct #: _____ # of Signatures Required _____

Effective Date of Change: 3/6/07Corporate Name of Association: Puerto del Lago @ Las BrisasMailing Address: c/o Resort Management2685 Horasshoo Drive South #215Naples, FL 34104Tax ID#: 65-0820646 Phone #: (239) 649-5526

New Authorized Signers:

Name & Title:	<u>Robert Buddins - President / Treasurer</u>
	<u>Beth Johnson - Vice President</u>
	<u>Peter Sosen - Vice President</u>
	<u>Robert Rosenow - Manager</u>

Signature Card Mailing Instructions: Please fax to (239) 403-1061