

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90354 046 ****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	
2. Principal Place of Business - No P.O. Box # 3050 Horseshoe Dr N		3. Mailing Address 3050 Horseshoe Dr N	
Suite, Apt. #, etc. 275		Suite, Apt. #, etc. 275	
City & State Naples, FL		City & State Naples, FL	
Zip 34104		Zip 34104	
Country US		Country US	
4. FEI Number 65-0820746		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NELSON, EDWARD 9141-202 LAS LOGOS COURT BONITA SPRINGS, FL 34135		7. Name and Address of New Registered Agent Name <u>Kramer Triad Mgt</u> Street Address (P.O. Box Number is Not Acceptable) <u>3050 Horseshoe Dr N 275</u> City <u>Naples</u> FL Zip Code <u>34104</u>	
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 <u><i>Maribel Grasso</i></u> DATE <u>4/18/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 NAME STREET ADDRESS CITY-ST-ZIP	DP NELSON, EDWARD 9141-202 LAS LAGOS CT BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Robert Wahner 9110 Los Lagos CT # 202 Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRAYCHAK, STEPHEN 9131-101 LOS LOGAS CT BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Cynthia McHenry 9131 Los Lagos CT # 202 Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DALTON, KENNETH 9141-101 LOS LOGAS CT BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" 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
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: <u><i>Maribel Grasso, Agent</i></u>		Date <u>4/18/08</u> Daytime Phone #	