


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90164 003 ****61.25

DOCUMENT # N97000004921	
1. Entity Name PUESTA DEL LAGO AT LAS BRISAS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business C/O RESORT MGMT. 2685 HORSESHOE DR., #215 NAPLES, FL 34104	Mailing Address C/O RESORT MGMT. 2685 HORSESHOE DR., #215 NAPLES, FL 34104
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40094624



2. Principal Place of Business - No P.O. Box # C/O Resort Management 2685 Horseshoe Dr. S. #215	3. Mailing Address C/O Resort Management 2685 Horseshoe Dr. S. #215
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04012008 Chg-NP CR2E037 (12/06)

City & State Naples, FL	City & State Naples, FL
Zip 34104	Country Collier

4. FEI Number 65-0820646	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 BUDGINS, ROBERT J 8980 PALMAS GRANDES BLVD. #201 BONITA SPRINGS, FL 34135	
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7. Name and Address of New Registered Agent

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.	
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Filing Fee is \$61.25 Due by May 1, 2008	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT BUDGINS, ROBERT 8980 PALMAS GRANDES BLVD., #201 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SESEN, PETER 8970-102 PALMAS GRANDES BLVD BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JOHNSON, RUTH 9000 PALMAS GRANDES BLVD #101 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:	Robert Budgins	4/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

Date Daytime Phone #