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04-30-1999 90150 010 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N98000001892

1. Corporation Name  
**LAS BRISAS AT DEL MAR AT CORAL BAY VILLAGE ASSOCIATION, INC.**

Principal Place of Business: 2001 W. SAMPLE ROAD, SUITE 305, POMPANO BEACH FL 33064  
 Mailing Address: 2001 W. SAMPLE ROAD, SUITE 305, POMPANO BEACH FL 33064



2. Principal Place of Business 21 7101 W Commercial Blvd Suite, Apt. #, etc. 22 <del>4-A</del> City & State 23 Ft. Lauderdale, FL 33319 Zip Country 24 33319 25 Broward	2a. Mailing Address 26 PO BOX 26478 Suite, Apt. #, etc. 27 City & State 28 Fort Lauderdale, FL Zip Country 29 33320-6478 30 Broward	3. Date Incorporated or Qualified 03/30/1998 4. FEI Number 65-0912220 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent CAPP, ALVIN ESQ. ONE FINANCIAL PLAZA SUITE 1610 FT LAUDERALE FL 33394	10. Name and Address of New Registered Agent 81 Name SHERRI RAMIREZ 82 Street Address (P.O. Box Number is Not Acceptable) 6224 VISTA DEL MAR 83 84 City MARGATE FL 85 Zip Code 33063
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
 SIGNATURE: *Sherry Ramirez* SHERRI RAMIREZ, PRESIDENT DATE: 4/27/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME TORN, HOWARD STREET ADDRESS 2001 W. SAMPLE ROAD CITY-ST-ZIP POMPANO BEACH FL 33064	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DP 1.2 NAME SHERRI RAMIREZ 1.3 STREET ADDRESS 6224 VISTA DEL MAR 1.4 CITY-ST-ZIP MARGATE FL 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME MOSBY, MARY STREET ADDRESS 2001 W. SAMPLE ROAD CITY-ST-ZIP POMPANO BEACH FL 33064	<input checked="" type="checkbox"/> DELETE	2.1 TITLE DS 2.2 NAME MINDY TOMASH 2.3 STREET ADDRESS 6225 VISTA DEL MAR 2.4 CITY-ST-ZIP MARGATE FL 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME MISHNER, CHARLES STREET ADDRESS 2001 W. SAMPLE ROAD CITY-ST-ZIP POMPANO BEACH FL 33064	<input checked="" type="checkbox"/> DELETE	3.1 TITLE DT 3.2 NAME PHILIPPE ELIE 3.3 STREET ADDRESS 6245 VISTA DEL MAR 3.4 CITY-ST-ZIP MARGATE FL 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE D 4.2 NAME ORLANDO MELENDEZ 4.3 STREET ADDRESS 3130 VISTA DEL MAR 4.4 CITY-ST-ZIP MARGATE FL 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE D 5.2 NAME JOSHUA BLAKE 5.3 STREET ADDRESS 6232 FLORES DEL MAR 5.4 CITY-ST-ZIP MARGATE FL 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sherry Ramirez* SHERRI RAMIREZ DATE: 4/27/99 DAYTIME PHONE #: 954-753-9810

CR2E037 (11/98)