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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 22 4-A City & State Ft. Lauderdale, FL 23 33319 24 33319 25 Broward 2a. Mailing Address 26 PO BOX 26478 27 Fort Lauderdale, FL 28 33320-6478 29 Broward 3. Date Incorporated or Qualified 03/30/1998 4. FEI Number 65-0912220 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

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

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: [Signature] SHERRI RAMIREZ, PRESIDENT DATE: 4/27/99

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|------------------------------------|--|
| TITLE D | 1.1 TITLE DP |
| NAME TORN, HOWARD | 1.2 NAME SHERRI RAMIREZ |
| STREET ADDRESS 2001 W. SAMPLE ROAD | 1.3 STREET ADDRESS 6224 VISTA DEL MAR |
| CITY-ST-ZIP POMPANO BEACH FL 33064 | 1.4 CITY-ST-ZIP MARGATE FL 33063 |
| TITLE D | 2.1 TITLE DS |
| NAME MOSBY, MARY | 2.2 NAME MINDY TOMASH |
| STREET ADDRESS 2001 W. SAMPLE ROAD | 2.3 STREET ADDRESS 6225 VISTA DEL MAR |
| CITY-ST-ZIP POMPANO BEACH FL 33064 | 2.4 CITY-ST-ZIP MARGATE FL 33063 |
| TITLE D | 3.1 TITLE DT |
| NAME MISHNER, CHARLES | 3.2 NAME PHILIPPE ELIE |
| STREET ADDRESS 2001 W. SAMPLE ROAD | 3.3 STREET ADDRESS 6245 VISTA DEL MAR |
| CITY-ST-ZIP POMPANO BEACH FL 33064 | 3.4 CITY-ST-ZIP MARGATE FL 33063 |
| TITLE | 4.1 TITLE D |
| NAME | 4.2 NAME ORLANDO MELENDEZ |
| STREET ADDRESS | 4.3 STREET ADDRESS 3130 VISTA DEL MAR |
| CITY-ST-ZIP | 4.4 CITY-ST-ZIP MARGATE FL 33063 |
| TITLE | 5.1 TITLE D |
| NAME | 5.2 NAME JOSHUA BLAKE |
| STREET ADDRESS | 5.3 STREET ADDRESS 6232 FLORES DEL MAR |
| CITY-ST-ZIP | 5.4 CITY-ST-ZIP MARGATE FL 33063 |
| TITLE | 6.1 TITLE |
| NAME | 6.2 NAME |
| STREET ADDRESS | 6.3 STREET ADDRESS |
| CITY-ST-ZIP | 6.4 CITY-ST-ZIP |

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: [Signature] SHERRI RAMIREZ DATE: 4/27/99 DAYTIME PHONE #: 954.753.9810

CR2E037 (11/98)