


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90016 005 ****61.25

DOCUMENT # N98000001892

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



Principal Place of Business
**7101 W COMMERCIAL BLVD
 4A
 FT LAUDERDALE, FL 33319 US**

Mailing Address
**P.O. BOX 26478
 FT LAUDERDALE, FL 33319 US**

**8360 W OAKLAND PARK BLVD
 SUITE 301
 SUNRISE FL 33351**

**c/o ALLIANCE PROPERTY SYSTEMS
 PO BOX 452199
 FORT LAUDERDALE FL 33345-2199**



01312004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0912220 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RAMIREZ, SHERRI
 6224 VISTA DEL MAR
 MARGATE, FL 33063**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$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	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, SHERRI		NAME		
STREET ADDRESS	6224 VISTA DEL MAR		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINES, ANN		NAME		
STREET ADDRESS	3189 VISTA DEL MAR		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTILLO, JUAN		NAME		
STREET ADDRESS	6214 VISTA DEL MAR		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 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: *Sherrri E. Ramirez* **Sherrri E. Ramirez** **2/18/04** **954-984-9981**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #