2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000001892

Entity Name

LAS BRISAS DEL MAR AT CORAL BAY VILLAGE ASSOCIATION INC



FILED

Mar 28, 2007 8:00 am Secretary of State

03-28-2007 90002 047 ****61.25

ASSOCIA	ATION, INC	C .			1	e List					
8360 W OAKLAND PARK BLVD. C/O A STE. 301 P.O. E				ng Address Alliance Property Systems BOX 452199 T LAUDERDALE, FL 33345-2199 US		,	042928				
Principal Place of Business - No P.O. Box # Mailin				tiling Address							
Suite, Apt. #, etc. Suit			uite, Apt. #, etc.			02172007	Chg-NP	CR2E037	(12/06)		
City & State Ci			City	ity & State			4. FEI Number Applied For 65-0912220 Not Applicable				
Zip			Zip		Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
RAMIREZ, SHERRI 6224 VISTA DEL MAR						Name Street Address (P.O. Box Number is Not Acceptable)					
MARGATE, FL 33063											
					City				FL	Zip Code	•
8. The above the obligat	named entity tions of register	submits this stateme red agent.	nt for the purpos	se of changing its r	egistered office	or register	ed agent, or both, i	n the State of Flo	rida. I am far	niliar with,	and accept
	•										
SIGNATURE	Signature, typed or	printed name of registered a	igent and title if applic	able. (NOTE:	Registered Agent sign	nature required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Fiorida Department of State					
10.		OFFICERS AND	DIRECTORS		11.	-	ADDITIONS/CHAN	GES TO OFFICER	RS AND DIRE	CTORS IN	10
TITLE	DP :			☐ Delete	TITLE					Change	Addition
NAME	RAMIREZ,	SHERRI			NAME						
STREET ADDRESS	6224 VISTA				PATRICTA ADDRESS	1					_
CITY-ST-ZIP	MARGATE	EL 33063			STREET ADDRESS	3					
TITLE		1 L 33003			CITY-ST-ZIP	3					
****	DT -	TE 33003		☐ Delete	4	3	·····		[Change	☐ Addition
NAME	DT PORTILLO			☐ Delete	CITY-ST-ZIP	3			С	Change	
STREET ADDRESS	PORTILLO 6214 VISTA	JUAN A DEL MAR		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS				[_ Change	
<u>-</u>	PORTILLO 6214 VISTA MARGATE	JUAN A DEL MAR		☐ Delete	CITY-ST-ZIP TITLE NAME				С	☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE	PORTILLO 6214 VISTA MARGATE D	JUAN A DEL MAR . FL 33063		□ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS					Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	PORTILLO 6214 VISTA MARGATE D BOSTWICK	JUAN A DEL MAR FL 33063			CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	3					☐ Addition
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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 of trustee employered to execute this report as required by Chapter 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all gifter like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Delete

Ado 101

954.753.9810

☐ Change

□ Addition

Daytime Phone #