


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90184 026 ****61.25

DOCUMENT # N98000001892

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



Principal Place of Business
 8360 W OAKLAND PARK BLVD.
 STE. 301
 FORT LAUDERDALE, FL 33351 US

Mailing Address
 C/O ALLIANCE PROPERTY SYSTEMS
 P.O. BOX 452199
 FORT LAUDERDALE, FL 33345-2199 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

02112008 Chg-NP CR2E037 (12/06)

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

Filing Fee is \$61.25
Due by May 1, 2008

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	RAMIREZ, SHERRI	
STREET ADDRESS	6224 VISTA DEL MAR	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PORTILLO, JUAN	
STREET ADDRESS	6214 VISTA DEL MAR	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOSTWICK, DANIEL	
STREET ADDRESS	6225 VISTA DEL MAR	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres.	Martines, Ann	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3189 Vista Del Mar	
STREET ADDRESS		Margate, FL 33063	
CITY-ST-ZIP			
TITLE	Sec.	Hollinger, Robert	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3182 Vista Del Mar	
STREET ADDRESS		Margate, FL 33063	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: Juan Portillo Juan Portillo 02-29-08 954-9939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #