

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005620

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** LAS BRISAS AT DORAL COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

10705 NW 33RD. STREET  
100  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

10705 NW 33RD. STREET  
100  
DORAL, FL 33172

**New Mailing Address:**

**FEI Number:** 65-0910544      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROUGH, CHADROW & LEVINE , P.A.  
1900 N COMMERCE PKWY  
WESTON, FL 33326      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WATTS, BILL  
Address: 5670 NW 116 AVE #210  
City-St-Zip: DORAL, FL 33178

Title: DVP  
Name: PENA, JAIME  
Address: 5620 NW 114TH PATH # 214  
City-St-Zip: DORAL, FL 33178

Title: TD  
Name: MARTELLY, RALPH  
Address: 5670 NW 116TH AVE. #207  
City-St-Zip: DORAL, FL 33178

Title: VP  
Name: BERTOT, JENNIFER  
Address: 5640 NW 115TH COURT #205  
City-St-Zip: DORAL, FL 33178

Title: DS  
Name: TIRADO, CARLOS  
Address: 5650 NW 115TH COURT # 106  
City-St-Zip: DORAL, FL 33178

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK A. PINILLA

MGER

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date