

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90194 004 ****61.25

DOCUMENT # N99000003752

1. Entity Name
**LAS BRISAS AT DORAL CONDOMINIUM NO. 8
ASSOCIATION, INC.**



40082723



Principal Place of Business
**GUARANTEE MANAGEMENT SERVICE
6925 NW 42 COURT
MIAMI, FL 33166**

Mailing Address
**GUARANTEE MANAGEMENT SERVICE
6925 NW 42 COURT
MIAMI, FL 33166**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01292007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0934927

Applied For
Not Applicable

Zip

Country

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

**FEIN, STEVEN
900 STATE ROAD 7
PLANTATION, FL 33317**

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, 2007**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
BECERA, FERNANDO
5670 NW 116 AVE.
MIAMI, FL 33178** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
PERERA, GERARDO
5670 NW 116 AVE, 107
MIAMI, FL 33178** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
WATTS, BILL
5670 NW 116 AVE
MIAMI, FL 33178** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
WATTS, BILL
5670 NW 116 AVE, 210
MIAMI, FL 33178** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
VITERI, EDNA
5670 NW 116 AVE, #203
MIAMI, FL 33178** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MARTELLY, RALPH
5670 NW 116 AVE, 207
MIAMI, FL 33178** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
MARTELLY, RALPH
5670 NW 116 AVE 207
MIAMI, FL 33178** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MARTELLY, RALPH
5670 NW 116 AVE, 207
MIAMI, FL 33178** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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: *Ralph J. Martelly* **Ralph J. Martelly** 04/27/2007 3054063732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #