

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003752

FILED  
May 14, 2009  
Secretary of State

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

**Current Principal Place of Business:**

GUARANTEE MANAGEMENT SERVICE  
6925 NW 42 COURT  
MIAMI, FL 33166

**New Principal Place of Business:**

10705 NW 33RD STREET  
100  
DORAL, FL 33172

**Current Mailing Address:**

GUARANTEE MANAGEMENT SERVICE  
6925 NW 42 COURT  
MIAMI, FL 33166

**New Mailing Address:**

10705 NW 33RD STREET  
100  
DORAL, FL 33172

**FEI Number:** 65-0934927      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BROUGH, CHADROW & LEVINE, PA  
1900 N COMMERCE PARKWAY  
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: VP ( ) Delete  
Name: PERERA, GERARDO  
Address: 5670 NW 116 AVE.  
City-St-Zip: MIAMI, FL 33178

Title: STD ( ) Delete  
Name: WATTS, BILL  
Address: 5670 NW 116 AVE  
City-St-Zip: MIAMI, FL 33178

Title: PD ( ) Delete  
Name: MARTELLY, RALPH  
Address: 5670 NW 16 AVE 207  
City-St-Zip: MIAMI, FL 33178

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: PERERA, GERARDO  
Address: 5670 NW 116 AVE. #107  
City-St-Zip: DORAL, FL 33178

Title: ST (X) Change ( ) Addition  
Name: WATTS, BILL  
Address: 5670 NW 116 AVE #210  
City-St-Zip: DORAL, FL 33178

Title: P (X) Change ( ) Addition  
Name: MARTELLY, RALPH  
Address: 5670 NW 16 AVE 207  
City-St-Zip: MIAMI, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RALPH MARTELLY

P

05/14/2009

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

\_\_\_\_\_  
Date