2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749269

Entity Name: LAS BRISAS CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 26, 2019
Secretary of State
8057664958CC

Current Principal Place of Business:

C/O FIRSTSERVICE RESIDENTIAL 6620 SOUTHPOINT DRIVE SOUTH 610 JACKSONVILLE, FL 32216

Current Mailing Address:

C/O FIRSTSERVICE RESIDENTIAL 6620 SOUTHPOINT DRIVE SOUTH 610 JACKSONVILLE, FL 32216 US

FEI Number: 59-2182732 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WASSERSTEIN, P.A. 301 YAMATO RD STE 2199 BOCA RATON, FL 33431 US

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

Officer/Director Detail:

Title VP Title DIRECTOR

Name MOORE, JOHN Name LEMMENES, MARK

Address C/O FIRSTSERVICE RESIDENTIAL Address C/O FIRSTSERVICE RESIDENTIAL

6620 SOUTHPOINT DRIVE SOUTH 610 6620 SOUTHPOINT DRIVE SOUTH 610

City-State-Zip: JACKSONVILLE FL 32216 City-State-Zip: JACKSONVILLE FL 32216

TitleTREASURERTitlePRESIDENTNameSTERGAR, SUZANNENameSHEA, TIFFINY

Address C/O FIRSTSERVICE RESIDENTIAL Address C/O FIRSTSERVICE RESIDENTIAL

6620 SOUTHPOINT DRIVE SOUTH 610 6620 SOUTHPOINT DRIVE SOUTH 610

City-State-Zip: JACKSONVILLE FL 32216 City-State-Zip: JACKSONVILLE FL 32216

Title SECRETARY
Name AMIN, SWATI

Address C/O FIRSTSERVICE RESIDENTIAL

6620 SOUTHPOINT DRIVE SOUTH 610

City-State-Zip: JACKSONVILLE FL 32216

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: TIFFINY SHEA PRESIDENT 03/26/2019