

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749580

**Entity Name:** LAS BRISAS CONDOMINIUM ASSOCIATION OF SATELLITE BEACH, INC.

**FILED**  
**Feb 24, 2018**  
**Secretary of State**  
**CC4948353308**

**Current Principal Place of Business:**

549 HIGHWAY A1A  
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

P.O. BOX 372687  
SATELLITE BEACH, FL 32937-0119 US

**FEI Number: 59-1991734**

**Certificate of Status Desired: No**

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

KOZENIESKI, MICHAEL  
549 HIGHWAY A1A  
SATELLITE BEACH, FL 32937 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:** MICHAEL KOZENIESKI

02/24/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	CASE, BOB	Name	HAZLETT, MARK
Address	P.O. BOX 372687	Address	P.O. BOX 372687
City-State-Zip:	SATELLITE BEACH FL 32937-0119	City-State-Zip:	SATELLITE BEACH FL 32937-0119
Title	S.T.		
Name	KOZENIESKI, MICHAEL L		
Address	P.O. BOX 372687		
City-State-Zip:	SATELLITE BEACH FL 32937-0119		

*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:** MICHAEL KOZENIESKI

**SECRETARY/TREASURER** 02/24/2018

Electronic Signature of Signing Officer/Director Detail

Date