

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751445

**Entity Name:** LAS BRISAS OF BOCA HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 27, 2024**  
**Secretary of State**  
**6682528401CC**

**Current Principal Place of Business:**

6699 N FEDERAL HWY  
105  
BOCA RATON, FL 33487

**Current Mailing Address:**

6699 N FEDERAL HWY  
105  
BOCA RATON, FL 33487 US

**FEI Number: 59-2570109**

**Certificate of Status Desired: No**

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

WILLIS, ERNEST  
6699 N FEDERAL HWY  
105  
BOCA RATON, FL 33487 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 PD  
Name LEVY, DAVID  
Address 6699 N FEDERAL HWY  
105  
City-State-Zip: BOCA RATON FL 33487

Title VD  
Name SHEMESH, SHLOMO  
Address 6699 N FEDERAL HWY  
105  
City-State-Zip: BOCA RATON FL 33487

Title SD  
Name KLEIN, ANITA  
Address 6699 N FEDERAL HWY  
105  
City-State-Zip: BOCA RATON FL 33487

Title TD  
Name ORKIN, ANDREA  
Address 6699 N FEDERAL HWY  
105  
City-State-Zip: BOCA RATON FL 33487

*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: DAVID LEVY**

**PRESIDENT**

**04/27/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date