

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 771199

**Entity Name:** LAS BRISAS VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

101 PARK PLACE BLVD  
SUITE 2  
KISSIMMEE, FL 34741

**Current Mailing Address:**

101 PARK PLACE BLVD  
SUITE 2  
KISSIMMEE, FL 34741

**FEI Number:** 59-2425715

**Certificate of Status Desired:** No

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

ASSOC. MGMT GROUP OF CENTRAL FL., INC.  
101 PARK PLACE BLVD, SUITE 2  
KISSIMMEE, FL 34741 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	LOPRESTI, WILLIAM
Address	101 PARK PLACE BLVD SUITE 2
City-State-Zip:	KISSIMMEE FL 34741
Title	SECRETARY, TREASURER
Name	JOHNSON, CANDICE M
Address	101 PARK PLACE BLVD SUITE 2
City-State-Zip:	KISSIMMEE FL 34741

Title	VPD
Name	MEYER, SONIA
Address	101 PARK PLACE BLVD SUITE 2
City-State-Zip:	KISSIMMEE FL 34741

*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:** WILLIAM LO PRESTI

**PRESIDENT**

**01/14/2020**

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

\_\_\_\_\_  
Date