

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004268

**Entity Name:** LAS BRISAS AT SUNRISE COMMUNITY ASSOCIATION, INC.

**FILED**  
**Feb 21, 2019**  
**Secretary of State**  
**8884327189CC**

**Current Principal Place of Business:**

1145 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33323

**Current Mailing Address:**

1145 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33323

**FEI Number: 20-4748622**

**Certificate of Status Desired: No**

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

BAKALAR AND ASSOCIATES  
12472 W ATLANTIC BLVD  
CORAL SPRINGS, FL 33071 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           DIRECTOR  
Name           PENA, FRANK  
Address       1145 SAWGRASS CORP PKWY  
City-State-Zip: SUNRISE FL 33323

Title           TREASURER  
Name           FONSECA, ALFREDO  
Address       1145 SAWGRASS CORP PKWY  
City-State-Zip: SUNRISE FL 33323

Title           PRESIDENT  
Name           CARVAJAL, JAIME  
Address       1145 SAWGRASS CORP PARKWAY  
City-State-Zip: SUNRISE FL 33323

Title           SECRETARY  
Name           RUIZ, NELLY  
Address       1145 SAWGRASS CORPORATE  
                  PARKWAY  
City-State-Zip: SUNRISE FL 33323

*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: JAIME CARVAJAL**

**PRESIDENT**

**02/21/2019**

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

\_\_\_\_\_  
Date