

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N06000004268

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

**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            PRESIDENT  
Name            MORALES, MAYRA  
Address        1145 SAWGRASS CORP PARKWAY  
City-State-Zip: SUNRISE FL 33323

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

Title            DIRECTOR  
Name            COLMENARES, GABRIEL  
Address        1145 SAWGRASS CORPORATE  
                  PARKWAY  
City-State-Zip: SUNRISE FL 33323

Title            DIRECTOR  
Name            ROJAS, ENRIQUE  
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: MORALES, MAYRA**

**PRESIDENT**

**07/22/2021**

Electronic Signature of Signing Officer/Director Detail

Date