	Electronic Signature of Registered Agent					
Officer/Director Detail :						
Title	PRESIDENT	Title	SECRETARY			
Name	CARVAJAL, JAIME	Name	RUIZ, NELLY			
Address	1145 SAWGRASS CORP PARKWAY	Address	1145 SAWGRASS CORPORATE PARKWAY			
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:				
Title	DIRECTOR	Title	DIRECTOR			
Name	COLMENARES, GABRIEL	Name	MORALES, MAYRA			
Address	1145 SAWGRASS CORPORATE PARKWAY	Address	1145 SAWGRASS CORPORATE PARKWAY			
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:				

#### DOCUMENT# N0600004268

# 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

### Name and Address of Current Registered Agent:

BAKALAR AND ASSOCIATES 12472 W ATLANTIC BLVD CORAL SPRINGS, FL 33071 US

	PARKWAY	
City-State-Zip:	SUNRISE FL 33323	
Title	DIRECTOR	

Name	ARIAS, MAURICIO
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: MAURICIO ARIAS

DIRECTOR

01/26/2021

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Jan 26, 2021 Secretary of State 1823925411CC

Certificate of Status Desired: No

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:

Date