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

DOCUMENT# N9400006186

Entity Name: LAS BRISAS CONDOMINIUM HOMES CONDOMINIUM

ASSOCIATION, INC.

**Current Principal Place of Business:** 

C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE S, #215 NAPLES, FL 34104

**Current Mailing Address:** 

2685 HORSESHOE DR S. STE#215 NAPLES, FL 34104 US

FEI Number: 65-0570521 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RESORT MANAGEMENT 2685 HORSESHOE DR S. STE#215 NAPLES, FL 34104 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: ROBERT ROSENOW 04/14/2020

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT, TREASURER Title VP

Name VOLKER, MICHAEL Name HOFFMAN, CRAIG

Address C/O RESORT MANAGEMENT Address C/O RESORT MANAGEMENT

2685 HORSESHOE DRIVE S, #215 2685 HORSESHOE DRIVE S, #215

City-State-Zip: NAPLES FL 34104 City-State-Zip: NAPLES FL 34104

Title SECRETARY
Name MITCHELL, IAN

Address C/O RESORT MANAGEMENT

2685 HORSESHOE DRIVE S, #215

City-State-Zip: NAPLES FL 34104

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: MICHAEL VOLKER PRESIDENT 04/14/2020

FILED Apr 14, 2020

**Secretary of State** 

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