

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000006190

**FILED**  
**Apr 26, 2023**  
**Secretary of State**  
**4907235266CC**

**Entity Name:** LAS BRISAS COACH HOMES CONDOMINIUM ASSOCIATION, INC.,

**Current Principal Place of Business:**

C/O GULF BREEZE MANAGEMENT SERVICES, INC.  
8910 TERRENE COURT SUITE 200  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

C/O GULF BREEZE MANAGEMENT SERVICES, INC.  
8910 TERRENE COURT SUITE 200  
BONITA SPRINGS, FL 34135 US

**FEI Number: 65-0560041**

**Certificate of Status Desired: No**

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

WEIDNER, RALPH  
C/O GULF BREEZE MANAGEMENT SERVICES, INC.  
8910 TERRENE COURT SUITE 200  
BONITA SPRINGS, FL 34135 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: RALPH WEIDNER**

**04/26/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name CHRISTMAN, LARRY  
Address C/O GULF BREEZE MANAGEMENT SERVICES, INC.  
8910 TERRENE COURT SUITE 200  
City-State-Zip: BONITA SPRINGS FL 34135

Title SECRETARY, DIRECTOR  
Name SEEMAN, JOHN  
Address C/O GULF BREEZE MANAGEMENT SERVICES, INC.  
8910 TERRENE COURT SUITE 200  
City-State-Zip: BONITA SPRINGS FL 34135

Title VP, DIRECTOR  
Name BURKHART, CHARLES  
Address C/O GULF BREEZE MANAGEMENT SERVICES, INC.  
8910 TERRENE COURT SUITE 200  
City-State-Zip: BONITA SPRINGS FL 34135

Title PRESIDENT, DIRECTOR  
Name IGNAZIO, NAPOLI  
Address C/O GULF BREEZE MANAGEMENT SERVICES, INC.  
8910 TERRENE COURT SUITE 200  
City-State-Zip: BONITA SPRINGS FL 34135

Title TREASURER, DIRECTOR  
Name IVEY, JILL B.  
Address C/O GULF BREEZE MANAGEMENT SERVICES, INC.  
8910 TERRENE COURT SUITE 200  
City-State-Zip: BONITA SPRINGS FL 34135

*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: IGNAZIO NAPOLI**

**PRESIDENT**

**04/26/2023**

Electronic Signature of Signing Officer/Director Detail

Date