

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006205

**FILED**  
**Apr 26, 2016**  
**Secretary of State**  
**CC0364576209**

**Entity Name:** LAS BRISAS AT DORAL CONDOMINIUM NO. 5 ASSOCIATION, INC.

**Current Principal Place of Business:**

8000 NW 7 STREET  
204  
MIAMI, FL 33126

**Current Mailing Address:**

8000 NW 7 STREET  
204  
MIAMI, FL 33126 US

**FEI Number:** 65-0962115

**Certificate of Status Desired:** No

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

RENOVATIONS PROPERTY MANAGEMENT  
8000 NW 7 STREET  
204  
MIAMI, FL 33126 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:** LESTER VALDES

04/26/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LEON, MERCEDES  
Address 8000 NW 7 STREET  
204  
City-State-Zip: MIAMI FL 33126

Title TREASURER  
Name DELGADO, MARLENE  
Address 8000 NW 7 STREET  
204  
City-State-Zip: MIAMI FL 33126

*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:** MERCEDES LEON

P

04/26/2016

Electronic Signature of Signing Officer/Director Detail

Date