

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 179616

FILED
Mar 14, 2009
Secretary of State

Entity Name: LAS OLAS APARTMENTS, INC.

Current Principal Place of Business:

C/O PAUL S. HAMMOND
2 HENDRICKS ISLE APT A-1
FT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

C/O PAUL S. HAMMOND
6185 WOODBURY RD
BOCA RATON, FL 33433 US

New Mailing Address:

FEI Number: 59-0998954 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAMMOND, PAUL S
6185 WOODBURY RD
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S/D () Delete
Name: BACKUS, KARYN
Address: 43 WINTHROP TER.
City-St-Zip: MERIDEN, CT 06451 US

Title: P/D () Delete
Name: HAMMOND, PAUL S
Address: 6185 WOODBURY RD
City-St-Zip: BOCA RATON, FL 33433 US

Title: VP/D () Delete
Name: HARTMANN, KAREN
Address: 990 N. LAKE SHORE DR. #27E
City-St-Zip: CHICAGO, IL 60611 US

Title: T () Delete
Name: KUHAR, GERALDINE
Address: 901 SHERWOOD PL.
City-St-Zip: JOLIET, IL 60435 US

Title: D () Delete
Name: NILES, DANIEL
Address: #4 LIGHTHOUSE POINTE
City-St-Zip: FENTON, MI 48430 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: KUHAR, LUDWIG
Address: 901 SHERWOOD PL.
City-St-Zip: JOLIET, IL 60435

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL S. HAMMOND

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03/14/2009

Electronic Signature of Signing Officer or Director

_____ Date