FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995** 5-1-95

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

B54777

APPROVED AND FILED

95 MAY -1 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748004 (9)

1. Corporation Name

LAS OLAS VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1770 E. LAS OLAS BLVD FT. LAUDERDALE FL 33301 US	1402 N.E. 4TH PLACE FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/09/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1929060 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 1770 E. Las Olas Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Apt. 503
City & State 23	City & State 28 Ft. Laud., Fl.
Zip 24 / Country 25	Zip 29 33301 / Country 30 Broward

9. Name and Address of Current Registered Agent

BURESH, FREDRIC C.
540 NE 4TH STREET
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

31 Name: Jim Macy
32 Street Address (P.O. Box Number Is Not Acceptable): 1770 E. Las Olas Blvd. Apt 503
33: Ft. Lauderdale, Fl. 33301
34 City: FL 35 Zip Code: 33301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Jim Macy Resident Manager — April 24,1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D		1.1 TITLE	Jack Nease Director	☐ Change ☒ Addition
NAME	~~BENSON, MARY E.~~	DELETE	1.2 NAME		
STREET ADDRESS	1770 E. LAS OLAS BLVD.	Resigned	1.3 STREET ADDRESS	1770 E. Las Olas Blvd.	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	Ft. Laud., FL. 33301	
TITLE	D		2.1 TITLE	Director	☐ Change ☒ Addition
NAME	GUERIN, SEAN C.		2.2 NAME	Kenneth Marino	
STREET ADDRESS	1770 E. LAS OLAS BLVD.		2.3 STREET ADDRESS	1770 E. Las Olas Blvd.	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	Ft. Laud., FL. 33301	
TITLE	DVP		3.1 TITLE		☐ Change ☐ Addition
NAME	KESSLER, BERNARD		3.2 NAME		
STREET ADDRESS	1770 E. LAS OLAS BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE	D - President		4.1 TITLE		☐ Change ☐ Addition
NAME	SIMS, JOSEPH S.		4.2 NAME		
STREET ADDRESS	1770 E. LAS OLAS BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP		
TITLE	D		5.1 TITLE		☐ Change ☐ Addition
NAME	BURPEE, ROBERTA B.		5.2 NAME		
STREET ADDRESS	1770 E. LAS OLAS BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		5.4 CITY-ST-ZIP		
TITLE			6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

(305)462-4356

SIGNATURE: Joseph Sims President — April 24, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048343