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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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
1770 E. LAS OLAS BLVD. APT. 503 FT. LAUDERDALE FL 33301-2432 US

3. Date Incorporated or Qualified 07/09/1979
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 26 2410 SE. 17th STREET
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State 28 FT LAUDERDALE FLA.
23 City & State
Zip 24 25 Country 29 30 33316 USA
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MACY, JIM
1770 E. LAS OLAS BLVD.
APT. 503
FORT LAUDERDALE FL 33301
10. Name and Address of New Registered Agent
81 Name THOMAS V. SHOOP
82 Street Address (P.O. Box Number is Not Acceptable) 2410 S.E. 17th STREET
83
84 City FT LAUDERDALE FL 85 Zip Code 33316

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE *Thomas V. Shoop* THOMAS V. SHOOP MANAGER 10 JANUARY 1997
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 <input type="checkbox"/> DELETE	1.1 TITLE	D/T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEASE, JACK	1.2 NAME	NEASE, JACK
STREET ADDRESS	1770 E. LAS OLAS BLVD.	1.3 STREET ADDRESS	1770 E LAS OLAS BLVD
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	D/VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBOSA, JAIME	2.2 NAME	BARBOSA, JAIME
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. LAUDERDALE, FL
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	D/P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSLER, BERNARD	3.2 NAME	KESSLER, BERNARD
STREET ADDRESS	1770 E. LAS OLAS BLVD	3.3 STREET ADDRESS	1770 E LAS OLAS BLVD
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEANDER, WALTER	4.2 NAME	LEANDER, WALTER
STREET ADDRESS	1770 E. LAS OLAS BLVD	4.3 STREET ADDRESS	1770 E LAS OLAS BLVD
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D/S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURPEE, ROBERTA B.	5.2 NAME	BURPEE, ROBERTA B
STREET ADDRESS	1770 E. LAS OLAS BLVD	5.3 STREET ADDRESS	1770 E LAS OLAS BLVD
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	FT. LAUD. FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *Roberta B. Burpee* ROBERTA B BURPEE, SECRETARY (1/10/97) 954-462-0880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035386

CR2E037 (9/96)