2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 14, 2002 8:00 am Secretary of State **DOCUMENT # 748004** 1. Entity Name LAS OLAS VILLAS CONDOMINIUM ASSOCIATION, INC. 05-14-2002 90303 005 ****61.25 Principal Place of Business Mailing Address 1770 E. LAS OLAS BLVD 1220 MIAMI RD FT. LAUDERDALE FL 33301 STE 6 US FT. LAUDERDALE FL 33316 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1929060 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHOOP, THOMAS V Street Address (P.O. Box Number is Not Acceptable) 1220 MIAMI RD STE 6 FORT LAUDERDALE FL 33316 City Zip Code FL 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. *TITLE Delete TITLE Addition KENDALL, LESTER Bodiford Alyssa 1970 E. Las & As Blud NAME NAME 1770 E LAS OLAS BLVD STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FLA. 3330/ TITLE Delete TITLE Addition ☐ Change CHAVEZ, HOMER NAME BELLINGHAM, PAUL NAME 1770 E. LAS OLAS BLVD. 1770 E. LAS OLAS BLUD STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FLA 33361 TITLE - - -☐ Delete ---TITLE Change Addition FRIEL, DONNA MARIE GERBASI ERNEST NAME NAME 1770 E LAS OLAS BLVD STREET ADDRESS 1776 E. LAS OLAS BLUD STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE, FLA 3330 Delete TITLE 🗋 Change ☐ Addition REAP, MICHAEL NAME NAME 1770 E LAS OLAS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33301 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

2. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. Lester F. Kendo II

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-7/P

4-25-02 954-462-3530

Daytime Phone #