

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748004

FILED
Mar 20, 2009
Secretary of State

Entity Name: LAS OLAS VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1770 E. LAS OLAS BLVD
FT. LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

1220 MIAMI RD
STE 6
FT. LAUDERDALE, FL 33316 US

New Mailing Address:

FEI Number: 59-1929060 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SHOOP, THOMAS V
1220 MIAMI RD
STE 6
FORT LAUDERDALE, FL 33316 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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: KENDALL, LESTER
Address: 1770 E LAS OLAS BLVD
City-St-Zip: FT LAUDERDALE, FL

Title: PD () Delete
Name: KHOURY, ALEX
Address: 1770 E. LAS OLAS BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: FRIEL, DONNA MARIE
Address: 1770 E LAS OLAS BLVD
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: DS () Delete
Name: BODIFORD, ALYSSA
Address: 1770 E. LAS OLAS BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: GERBASI, ERNEST
Address: 1770 E. LAS OLAS BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: FRIEL, DONNA MARIE
Address: 1770 E LAS OLAS BLVD
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D (X) Change () Addition
Name: DASILVA, SIMONE
Address: 1770 E. LAS OLAS BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEX KHOURY

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date