


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000004099**

1. Entity Name  
**REFLECTIONS OF LAS OLAS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>25 HENDRICKS ISLE          FORT LAUDERDALE, FL 33301 US</b>	Mailing Address <b>25 HENDRICKS ISLE          P.O. BOX 189013          FORT LAUDERDALE, FL 33301 US</b>
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**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>65-1039081</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**D'ANNA, RONALD ESQ  
 2300 GLADES ROAD, EAST TOWER  
 SUITE 400  
 BOCA RATON, FL 33431**

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KLAISLE, WILLIAM 25 HENDRICKS ISLE FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GOLDMAN, RICHARD 25 HENDRICKS ISLE #305 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD NESTOR, ROBERT 25 HENDRICKS ISLE #403 FORT LAUDERDALE, FL 33301
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000000385151  
 01/13/06-80005-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William K. Laisle* 1/9/06