

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 16, 2009
Secretary of State**

DOCUMENT# N00000004099

Entity Name: REFLECTIONS OF LAS OLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

25 HENDRICKS ISLE
CONDO 403
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

25 HENDRICKS ISLE
CONDO 403
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 65-1039081 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'ANNA, RONALD ESQ
2300 GLADES ROAD, EAST TOWER
SUITE 400
BOCA RATON, FL 33431 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: PR () Delete
Name: NESTOR, ROBERT C
Address: 25 HENDRICKS ISLE # 403
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: SD () Delete
Name: GOLDMAN, RICHARD
Address: 25 HENDRICKS ISLE #305
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: TD () Delete
Name: NESTOR, ROBERT
Address: 25 HENDRICKS ISLE #403
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VD () Delete
Name: HALSBAND, MARK
Address: 15 HENDRICKS ISLE # 503
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR (X) Change () Addition
Name: NESTOR, ROBERT C DR.
Address: 25 HENDRICKS ISLE # 403
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: SD (X) Change () Addition
Name: CRYER, JOHN N
Address: 25 HENDRICKS ISLE #205
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: TD (X) Change () Addition
Name: NESTOR, ROBERT C DR.
Address: 25 HENDRICKS ISLE #403
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: DR. ROBERT C. NESTOR

PR

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date