

1/31

01-31-2003 90369 030 \*\*\*61.25

**NOT-FOR-PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N00000004099**  
 1. Entity Name  
**REFLECTIONS OF LAS OLAS CONDOMINIUM ASSOCIATION, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**25 Hendricks Isle**  
 Suite, Apt. #, etc.

3. Mailing Address  
**46 Castle Mgmt. Inc.**  
 Suite, Apt. #, etc.  
**P.O. Box 189013**

DO NOT WRITE IN THIS SPACE

City & State  
**Ft. Lauderdale FL**

City & State  
**Plantation FL**

Zip  
**33301**

Country  
**US**

Zip  
**33318**

Country  
**US**

4. FEI Number  
**65-1039081**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Ronald D'Anna, Esquire**

Street Address (P.O. Box Number is Not Acceptable)  
**2300 GLADES ROAD, EAST TOWER**

**SUITE 400**

City  
**BOCA RATON**

FL Zip Code  
**33431**

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 **Ronald D'Anna** DATE **2/28/03**

FEE IS \$61.25  
 Initial or Amended UBR

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

Make Check Payable to  
 Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD KLAISLE, WILLIAM 25 Hendricks Isle Ft. Lauderdale, FL 33301</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD GOLDMAN, RICHARD 25 Hendricks Isle # 305 Ft. Lauderdale, FL 33301</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD NESTOR, ROBERT 25 Hendricks Isle # 403 Ft. Lauderdale, FL 33301</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **William Klaisle** DATE: **1/20/03** PHONE: **(954) 792-6000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **William Klaisle President**

CR2E037B (12/02)