


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000000810 1. Entity Name LAS OLAS GRAND CONDOMINIUM ASSOCIATION, INC	
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 31 PM 5:36


Principal Place of Business 411 NEW RIVER DR. E. MANAGEMENT OFFICE FT. LAUDERDALE, FL 33301	Mailing Address 411 NEW RIVER DR. E. MANAGEMENT OFFICE FT. LAUDERDALE, FL 33301
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2. Principal Place of Business	3. Mailing Address	10132006 Chg-NP CR2E037 (4/06)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 20-2232575
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LASHBROOK, GARTH 411 NEW RIVER DR. E. MANAGEMENT OFFICE FT. LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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:  DATE: **10/13/06**

(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. CONDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P LASHBROOK, GARTH <input checked="" type="checkbox"/> Delete	TITLE	DIANGELO, JOHN <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	411 NEW RIVER DR. E.	NAME	411 N. NEW RIVER DR. E.
STREET ADDRESS	FT. LAUDERDALE, FL 33301	STREET ADDRESS	FT. LAUDERDALE, FL 33301
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP POLLACK, MARTIN <input type="checkbox"/> Delete	TITLE	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	411 NEW RIVER DR. E.	NAME	SAME
STREET ADDRESS	FT. LAUDERDALE, FL 33301	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T OJEDA, ROSE T <input checked="" type="checkbox"/> Delete	TITLE	JOHN RHOADES T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	411 NEW RIVER DR. E.	NAME	411 N. NEW RIVER DR. E.
STREET ADDRESS	FT. LAUDERDALE, FL 33301	STREET ADDRESS	FT. LAUDERDALE, FL 33301
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	AS POLLUKA, BONNIE <input checked="" type="checkbox"/> Delete	TITLE	SANDRA RICK, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	411 NEW RIVER DR. E.	NAME	411 N. NEW RIVER DR. E.
STREET ADDRESS	FT. LAUDERDALE, FL 33301	STREET ADDRESS	FT. LAUDERDALE, FL 33301
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	000081374990
CITY-ST-ZIP		CITY-ST-ZIP	10/31/06--01038--011 **61.25
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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.

SIGNATURE:  DATE: **10/13/06** DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR