


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90006 032 ****61.25

DOCUMENT # N0500000810

1. Entity Name
LAS OLAS GRAND CONDOMINIUM ASSOCIATION, INC



Principal Place of Business
**411 N. NEW RIVER DR. E.
 FT. LAUDERDALE, FL 33301**

Mailing Address
**411 N. NEW RIVER DR. E.
 FT. LAUDERDALE, FL 33301**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



01082008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-2232575

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RUBINSTEIN, ROBERT ESQ
 C/O BECKER & POLIAKOFF
 2255 GLADES RD STE 300E
 BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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	D D'ANGELO, JOHN 411 N. NEW RIVER DR. E. FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POLLACK, MARTIN 411 NEW RIVER DR. E. FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RHOADES, JOHN 411 NORTH NEW RIVER DRIVE EAST FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICH, SANDRA 411 NORTH NEW RIVER DRIVE EAST FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENNON, RAY 411 N. NEW RIVER DR. E. FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADSTOCK, TERESITA 411 N. NEW RIVER DR. E. FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John D'Angelo 411 N. New River Dr. E Fort Lauderdale FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Donald Dimon 411 N. New River Dr. E Fort Lauderdale FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **1/5/08** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #