

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 05, 2009
Secretary of State**

DOCUMENT# N05000000810

Entity Name: LAS OLAS GRAND CONDOMINIUM ASSOCIATION, INC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-2232575 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBINSTEIN, ROBERT ESQ
C/O BECKER & POLIAKOFF
2255 GLADES RD STE 300E
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: P () Delete
Name: D'ANGELO, JOHN
Address: 411 N. NEW RIVER DR. E
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VP () Delete
Name: POLLACK, MARTIN
Address: 411 NEW RIVER DR. E.
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: T () Delete
Name: RHOADES, JOHN
Address: 411 NORTH NEW RIVER DRIVE EAST
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: S () Delete
Name: RICH, SANDRA
Address: 411 NORTH NEW RIVER DRIVE EAST
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D (X) Delete
Name: FENNON, RAY
Address: 411 N. NEW RIVER DR. E.
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D (X) Delete
Name: BRADSTOCK, TERESITA
Address: 411 N. NEW RIVER DR. E.
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SCHERER, ELIZABETH
Address: 411 NORTH NEW RIVER DRIVE EAST
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN D'ANGELO

PRES

02/05/2009

Electronic Signature of Signing Officer or Director

_____ Date