

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20083 (4)

1. Corporation Name

LAS OLAS CONDOMINIUM, INC.

Principal Place of Business

19500 GULF BLVD.
INDIAN SHORES FL 33435-2213

Mailing Address

19500 GULF BLVD.
INDIAN SHORES FL 33435-22713. Date Incorporated or Qualified
04/10/19873a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip
33785

Country

24

2a. Mailing Address

26 2700 E. BAY DR.

27 Suite, Apt. #, etc.

28 LARGO, FL.

29 Zip
33771

Country

30

4. FEI Number
59-1890658Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARK, CAROL
19500 GULF BL 401
INDIAN SHORES FL 334635

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.SIGNATURE *Carol L. Wark*

CAROL L. WARK

28 APR 97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	SYLVIA FORSETH	
STREET ADDRESS	19500 GULF BLVD., SUITE 203	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GRIECO, DANIEL J	
STREET ADDRESS	19500 GULF BLVD. #201	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE	AD	<input type="checkbox"/> DELETE
NAME	LYNN, WILLIAM S	
STREET ADDRESS	19500 GULF BLVD. #201	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEONARD J. LINKUS	
STREET ADDRESS	19500 GULF BLVD., SUITE 502	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, FERMIN	
STREET ADDRESS	2415 DUNDEE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JEAN CALL	
1.3 STREET ADDRESS	19500 GULF BLVD, SUITE 405	
1.4 CITY-ST-ZIP	INDIAN SHORES, FL	
2.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARJORIE BRANHARD	
2.3 STREET ADDRESS	1809 N. FAIRFIELD RD	
2.4 CITY-ST-ZIP	BEAVERCREEK, OH	
3.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILLIAM S. LYNN +	
3.3 STREET ADDRESS	19500 GULF BLVD, 201	
3.4 CITY-ST-ZIP	INDIAN SHORES, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	PRESIDENT DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FERMIN RODRIGUEZ	
5.3 STREET ADDRESS	2415 DUNDEE	
5.4 CITY-ST-ZIP	TAMPA FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with this address.SIGNATURE *Leonard J. Linkus*

28 APR 97

813-595-0549

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0052311

CR2E037 (9/96)