

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20083

1. Entity Name

LAS OLAS CONDOMINIUM, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90115 029 \*\*\*\*61.25

Principal Place of Business  19500 GULF BLVD. INDIAN SHORES FL 33785 US	Mailing Address  PAREKH. COMMONS & CO 2700 E BAY DR. #107 LARGO FL 33771-2459 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1890658</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARK, CAROL  
19500 GULF BL 401  
INDIAN SHORES FL 34635

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOVAES, WILMA 19500 GULF BLVD. #302 INDIAN SHORES FL 33785 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNHARD, MARJORIE 128 W FRANKLIN ST BELL BROOK OH 45305 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PERRONE, NILA 928 CIMMERON DR TAMPA FL 33603 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, SERGIO 2810 SAFE HARBOR DR TAMPA FL 33618 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCHA, TONY 19500 GULF BLVD., #205 INDIAN SHORES FL 33785 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	KOVACS, WILMA - President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19500 Gulf Blvd. #302 Indian Shores, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eileen Kelly - Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19500 Gulf Blvd. #501 Indian Shores, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph Parrino - Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3133 Palmetto Street Tampa, FL 33607
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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILMA KOVACS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2-28-00 Daytime Phone # \_\_\_\_\_

CR2E037 (9/99)