

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90619 021 ****61.25

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DOCUMENT # N20083

1. Entity Name

LAS OLAS CONDOMINIUM, INC.

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
 US**

726287



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1890658

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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

Eileen-Kelly

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

19500 Gulf Blvd. #501

City

Indian Shores

FL

Zip Code

33785

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **KOVACS, WILMA**
 CITY-ST-ZIP **19500 GULF BLVD**
INDIAN SHORES FL 33785

TITLE ☐ Change ☐ Addition
 NAME **Director**
 STREET ADDRESS **Joseph P. Parrino**
 CITY-ST-ZIP **3133 Palmetto Street**
Tampa, FL 33607

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **KELLY, EILEEN**
 CITY-ST-ZIP **19500 GULF BLVD #501**
INDIAN SHORES FL 33785

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DS**
 STREET ADDRESS **PERRONE, NILA**
 CITY-ST-ZIP **928 CIMMERON DR**
TAMPA FL 33603

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ROCHA, TONY**
 CITY-ST-ZIP **19500 GULF BLVD., #205**
INDIAN SHORES FL 33785

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 another like empowered.

SIGNATURE: **X**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)