

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20083

FILED
Mar 04, 2007
Secretary of State

Entity Name: LAS OLAS CONDOMINIUM, INC.

Current Principal Place of Business:

19500 GULF BLVD.
INDIAN SHORES, FL 33785 US

New Principal Place of Business:

Current Mailing Address:

C/O RICHARD C COMMONS PA
300 S DUNCAN AVE STE 220B
CLEARWATER, FL 33761 US

New Mailing Address:

PO BOX 618
BAY PINES, FL 33744 US

FEI Number: 59-1890658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLORA, SAM JR
1303 JEN-MA-JO LANE
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

CERCEK, LISA
19455 GULF BLVD
INDIAN SHORES,, FL 33785 US

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: LISA CERCEK

03/04/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: STYPW, BRYAN
Address: 3362 E LAKE SHORE LANE
City-St-Zip: CLEARWATER, FL 33761

Title: P () Delete
Name: COLLURA, SAM JR
Address: 1303 JEN-MA-JO LANE
City-St-Zip: LUTZ, FL 33549

Title: DS () Delete
Name: PERRONE, NILA
Address: 928 CIMMERON DR
City-St-Zip: TAMPA, FL 33603

Title: V () Delete
Name: PARRINO, JOSEPH P
Address: 3133 PALMETTO STREET
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: MORELLI, ANDY
Address: 287 NORTH STREET
City-St-Zip: RIDGEFIELD, CT 06877

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: ZUCCARELLO, ANGELA
Address: 820 DUQUE RD
City-St-Zip: LUTZ, FL 33549

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

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 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: ANGELA ZUCCARELLO

PD

03/04/2007

Electronic Signature of Signing Officer or Director

Date