2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20083

FILED Feb 27, 2008 Secretary of State

Entity Name: LAS OLAS CONDOMINIUM, INC.

Current Principal Place of Business: New Principal Place of Business:

19500 GULF BLVD.

INDIAN SHORES, FL 33785 US

Current Mailing Address: 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: Name and Address of New Registered Agent:

CERCEK, LISA CERCEK, LISA K AGENT 19455 GULF BLVD 19455 GULF BLVD

INDIAN SHORES,, FL 33785 US 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 02/27/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T () Delete Title: T (X) Change () Addition

Name:STYPW, BRYANName:STYPUL, BRYANAddress:3362 E LAKE SHORE LANEAddress:315 ORANGEWOOD AVECity-St-Zip:CLEARWATER, FL 33761City-St-Zip:CLEARWATER, FL 33755

Title: P () Delete Title: () Change () Addition

 Name:
 ZUCCARELLO, ANGELA
 Name:

 Address:
 820 DUQUE RD
 Address:

 City-St-Zip:
 LUTZ, FL 33549
 City-St-Zip:

Title: DS () Delete Title: () Change () Addition

 Name:
 PERRONE, NILA
 Name:

 Address:
 928 CIMMERON DR
 Address:

 City-St-Zip:
 TAMPA, FL 33603
 City-St-Zip:

 $\label{eq:title:Title:D} {\sf Title:} \qquad {\sf V} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 PARRINO, JOSEPH P
 Name:
 COLLURA, SAMUEL

 Address:
 3133 PALMETTO STREET
 Address:
 1303 JEN MA JO LANE

 City-St-Zip:
 TAMPA, FL 33607
 City-St-Zip:
 LUTZ, FL 33549

 Name:
 MORELLI, ANDY
 Name:
 ALVEREZ, DENNIS

 Address:
 287 NORTH STREET
 Address:
 14105 RIVERSTONE DR

 City-St-Zip:
 RIDGEFIELD, CT 06877
 City-St-Zip:
 TAMPA, FL 33624

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: LISA CERCEK AGEN 02/27/2008