

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20083

FILED
Mar 23, 2009
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:

PO BOX 618
BAY PINES, FL 33744 US

New Mailing Address:

FEI Number: 59-1890658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: STYPUL, BRYAN
Address: 315 ORANGEWOOD AVE
City-St-Zip: CLEARWATER, FL 33755

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

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

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

Title: D () Delete
Name: ALVEREZ, DENNIS
Address: 14105 RIVERSTONE DR
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: STYPUL, BRYAN
Address: 2272 TONIWOOD LANE
City-St-Zip: PALM HARBOR, FL 34685

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

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 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

03/23/2009

Electronic Signature of Signing Officer or Director

Date