

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748004

Entity Name: LAS OLAS VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1770 E. LAS OLAS BLVD
FT. LAUDERDALE, FL 33301

FILED
Mar 02, 2020
Secretary of State
9239289660CC

Current Mailing Address:

1220 MIAMI RD
STE 6
FT. LAUDERDALE, FL 33316 US

FEI Number: 59-1929060

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAFOR, STEVEN H
1220 MIAMI RD
STE 6
FORT LAUDERDALE, FL 33316 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: STEVEN SHAFOR

03/02/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name TEPLITSKY, JONATHAN
Address 1770 E LAS OLAS BLVD
City-State-Zip: FT LAUDERDALE FL 33301

Title DIRECTOR
Name WEZKIEWICZ, JIM
Address 1770 E LAS OLAS BLVD
City-State-Zip: FORT LAUDERDALE FL 33301

Title SECRETARY
Name SOMHOLZ, TANYA
Address 1770 E LAS OLAS BLVD
City-State-Zip: FORT LAUDERDALE FL 33301

Title PRESIDENT
Name WHITEHEAD, ALBERT
Address 1770 E. LAS OLAS BLVD.
City-State-Zip: FORT LAUDERDALE FL 33301

Title TREASURER
Name EHNKE, JULIE
Address 1770 E. LAS OLAS BLVD.
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR
Name QUIDER, JENNIFER
Address 1770 E LAS OLAS BLVD
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR
Name MANFREDI, KARINE
Address 1770 E. LAS OLAS BLVD
City-State-Zip: FT. LAUDERDALE FL 33301

I hereby 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 all other like empowered.

SIGNATURE: WHITEHEAD , ALBERT

PRESIDENT

03/02/2020

Electronic Signature of Signing Officer/Director Detail

Date