

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000002192

**Entity Name:** 350 LAS OLAS PLACE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**350 SE 2ND STREET  
MANAGEMENT OFFICE  
FORT LAUDERDALE, FL 33301**Current Mailing Address:**350 SE 2ND STREET  
MANAGEMENT OFFICE  
FORT LAUDERDALE, FL 33301**FEI Number:** 20-2454450**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHENDELL & ASSOCIATES, P.A.  
5340 N FEDERAL HIGHWAY  
SUITE 201  
LIGHTHOUSE POINTE, FL 33064 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:** TAMAR SHENDELL

01/25/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	SAILLANT, ALEXIS
Address	350 SE 2ND ST
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	TREA
Name	SPERANZA, EMIL
Address	350 SE 2ND ST
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	DIRECTOR
Name	NUGENT, JOHN
Address	350 SE 2ND ST
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	VP
Name	GILBERT, WILLIAM
Address	350 SE 2ND STREET
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	PROPERTY MANAGER
Name	CASTILLO, MICHELLE
Address	350 SE 2ND STREET MANAGEMENT OFFICE
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	SECRETARY
Name	JACKOWITZ , DAVID
Address	350 SE 2ND ST
City-State-Zip:	FORT 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:** MICHELLE CASTILLO

PROPERTY MANAGER

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date