

2018 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 US**FEI Number:** 20-2454450**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SHENDELL & ASSOCIATES, P.A.
635 SE 10 STREET, SUITE 635A
DEERFIELD BEACH, FL 33441 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

04/02/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title	TREASURER
Name	DESJARDINS, DANIEL
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	GOMES, CLEITON
Address	350 SE 2ND STREET MANAGEMENT OFFICE
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	SECRETARY
Name	GRAHAM, CATHERINE
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: CLEITON GOMES

PROPERTY MANAGER

04/02/2018

Electronic Signature of Signing Officer/Director Detail

Date