

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20083

Entity Name: LAS OLAS CONDOMINIUM, INC.**Current Principal Place of Business:**FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR N., SUITE 100
ST.PETERSBURG, FL 33716**Current Mailing Address:**FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR N., SUITE 100
ST.PETERSBURG, FL 33716 US**FEI Number:** 59-1890658**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER AND POLIAKOFF
1 EAST BROWARD BLVD.
SUITE 1800
FORT LAUDERDALE, FL 33001 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	STRANZ, TERRY
Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DR N., SUITE 100
City-State-Zip:	ST.PETERSBURG FL 33716

Title	VP
Name	BURGESS, LES
Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DR N., SUITE 100
City-State-Zip:	ST.PETERSBURG FL 33716

Title	T
Name	ALVEREZ, DENNIS
Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DR N., SUITE 100
City-State-Zip:	ST.PETERSBURG FL 33716

Title	SECRETARY
Name	MORELLI, ANDREW
Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DR N., SUITE 100
City-State-Zip:	ST.PETERSBURG FL 33716

Title	DIRECTOR
Name	WELLER, PAUL
Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DR N., SUITE 100
City-State-Zip:	ST.PETERSBURG FL 33716

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: TERRY STRANZ**PRESIDENT****01/14/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date