

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 179616

**Entity Name:** LAS OLAS APARTMENTS, INC.**Current Principal Place of Business:**C/O PAUL S. HAMMOND  
2 HENDRICKS ISLE APT A-1  
FT LAUDERDALE, FL 33301**Current Mailing Address:**C/O PAUL S. HAMMOND  
2 HENDRICKS ISLE APT. A-1  
FORT LAUDERDALE, FL 33301 US**FEI Number:** 59-0998954**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAMMOND, PAUL SANDS  
2 HENDRICKS ISLE  
APT. A-1  
FORT LAUDERDALE, FL 33301 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:** PAUL S. HAMMOND

04/27/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title S/D  
Name KATSIVALIS, PATRICIA  
Address 190 S. WOOD DALE RD.  
City-State-Zip: WOOD DALE IL 60191

Title VP/D  
Name HARTMANN, KAREN  
Address 1541 W. HENDERRSON  
UNIT J  
City-State-Zip: CHICAGO IL 60657

Title T/D  
Name KUHAR, LUDWIG  
Address 901 SHERWOOD PL.  
City-State-Zip: JOLIET IL 60435

Title P/D  
Name HAMMOND, PAUL SANDS  
Address 2 HENCRIKS ISLE  
APT. A-1  
City-State-Zip: FORT LAUDERDALE FL 33301

Title D  
Name MAZZUCCO, DOLORES  
Address 1400 HARTFORD TPKE.  
#34  
City-State-Zip: NO. HAVEN CT 06473

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAUL SANDS HAMMOND

PRESIDENT

04/27/2022

Electronic Signature of Signing Officer/Director Detail

Date