

**2015 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  
6185 WOODBURY RD  
BOCA RATON, FL 33433 US

**FEI Number:** 59-0998954

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HAMMOND, PAUL S  
6185 WOODBURY RD  
BOCA RATON, FL 33433 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 S/D  
Name BACKUS, KARYN  
Address 422 WALL ST.  
City-State-Zip: MERIDEN CT 06450

Title P/D  
Name HAMMOND, PAUL S  
Address 6185 WOODBURY RD  
City-State-Zip: BOCA RATON FL 33433

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

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

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

*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 S. HAMMOND

**PRESIDENT / DIRECTOR** 05/07/2015

Electronic Signature of Signing Officer/Director Detail

Date