

**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