

2020 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

06/21/2020

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 S. HAMMOND**PRESIDENT**

06/21/2020

Electronic Signature of Signing Officer/Director Detail

Date