

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 179616

FILED  
Mar 14, 2009  
Secretary of State

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 US

## New Principal Place of Business:

## Current Mailing Address:

C/O PAUL S. HAMMOND  
6185 WOODBURY RD  
BOCA RATON, FL 33433 US

## New Mailing Address:

FEI Number: 59-0998954      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HAMMOND, PAUL S  
6185 WOODBURY RD  
BOCA RATON, FL 33433 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S/D ( ) Delete  
Name: BACKUS, KARYN  
Address: 43 WINTHROP TER.  
City-St-Zip: MERIDEN, CT 06451 US

Title: P/D ( ) Delete  
Name: HAMMOND, PAUL S  
Address: 6185 WOODBURY RD  
City-St-Zip: BOCA RATON, FL 33433 US

Title: VP/D ( ) Delete  
Name: HARTMANN, KAREN  
Address: 990 N. LAKE SHORE DR. #27E  
City-St-Zip: CHICAGO, IL 60611 US

Title: T ( ) Delete  
Name: KUCHAR, GERALDINE  
Address: 901 SHERWOOD PL.  
City-St-Zip: JOLIET, IL 60435 US

Title: D ( ) Delete  
Name: NILES, DANIEL  
Address: #4 LIGHTHOUSE POINTE  
City-St-Zip: FENTON, MI 48430 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: KUCHAR, LUDWIG  
Address: 901 SHERWOOD PL.  
City-St-Zip: JOLIET, IL 60435

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL S. HAMMOND

P

03/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date