

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 179616

FILED
Apr 08, 2011
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

OFFICERS AND DIRECTORS:

Title: S/D
Name: BACKUS, KARYN
Address: 422 WALL ST.
City-St-Zip: MERIDEN, CT 06450 US

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

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

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

Title: D
Name: MAZZUCCO, DOLORES
Address: 30 FOX RUN
City-St-Zip: WALLINGFORD, CT 06492 US

Title: D
Name: KUCHAR, LUDWIG
Address: 901 SHERWOOD PL.
City-St-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

P

04/08/2011

Electronic Signature of Signing Officer or Director

Date