

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 625207

1. Entity Name

LAS OLAS RESORTS, INC.



Principal Place of Business

5100 OCEAN BEACH BLVD.
COCOA BEACH FL 32931

Mailing Address

5100 OCEAN BEACH BLVD.
COCOA BEACH FL 32931



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-1930324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATEY, THOMAS W.
6318 DONEGAL DR.
ORLANDO FL 32811

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature, typed or printed name of registered agent and title. If applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	GETTEL, JOHN J
STREET ADDRESS	656 SMOKERISE BLVD
CITY- ST- ZIP	LONGWOOD FL
TITLE	D <input type="checkbox"/> Delete
NAME	GEORGAS, JOHN L
STREET ADDRESS	OCEAN BLVD
CITY- ST- ZIP	PONTE VEDRA FL
TITLE	PTD <input type="checkbox"/> Delete
NAME	MATEY, THOMAS W
STREET ADDRESS	6318 DONEGAL DRIVE
CITY- ST- ZIP	ORLANDO, FL 00000
TITLE	DV <input type="checkbox"/> Delete
NAME	MATEY, VIOLET A.
STREET ADDRESS	5100 OCEAN BEACH BLVD
CITY- ST- ZIP	COCOA BEACH FL
TITLE	D <input type="checkbox"/> Delete
NAME	SMITH, MATTHEW
STREET ADDRESS	325 CATHEDRAL OAKES DR
CITY- ST- ZIP	VERO BEACH, FL 00000
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000000911582
STREET ADDRESS	05/07/08-80046-012 150.00
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

T.W. Matey

T.W. MATEY

4-18-08

407-876-3744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #