2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#724736

FILED Jul 03, 2006 Secretary of State

Entity Name: OLA GRANDE CONDOMINIUM. INC.

Current Principal Place of Business: New Principal Place of Business: 5350 OCEAN BEACH BLVD. COCOA BEACH, FL 32931 **Current Mailing Address: New Mailing Address:** 5350 OCEAN BEACH BLVD COCOA BEACH, FL 32931 FEI Number: 59-1887834 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DETTORE, ROSE 5350 OCEÁN BEACH BLVD COCOA BCH, FL 32931 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LUALLEN, ROBERTA Name: Name: Address: 14547 NEWBURGH RD Address: City-St-Zip: LIVONIA, MI City-St-Zip: Title: Title: () Delete () Change () Addition Name: GAUDET, PAUL Name: Address: 100 EDGEWATER DR Address: City-St-Zip: GILFORD, NH 03246 City-St-Zip: Title: () Delete Title: () Change () Addition DETTORE, ROSE Name: Name: 5350 OCEAN BCH BLVD STE 202 Address: Address: City-St-Zip: COCOA BCH, FL City-St-Zip: Title: DST () Delete Title: () Change () Addition Name: ROBILLARD, MELISSA Name: Address: 23 PHEASANT RUN DR Address: City-St-Zip: CHESTER, NH 03036 City-St-Zip: Title: DS () Delete Title: () Change () Addition ZADOW, LINDA Name: Name: 883 BLUFF LAKE Address: Address: City-St-Zip: ZEELAND, MI 49464 City-St-Zip: Title: () Delete Title: (X) Change () Addition CAPRIGLIONE, DONALD MERRIAM, RAYLENE Name: Name: Address: 317 OXFORD BL S Address: 41 NORTH SHORE GARDEN CITY, NY 11530 BURLINGTON, VT 05401 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSE DETTORE MGR 07/03/2006