

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1995 MAY - 1

SECRETARY OF STATE
DIVISION OF CORPORATIONS
800001473568
-05/03/95--01113--010
*****92.80 *****92.80
DO NOT WRITE IN THIS SPACE

DOCUMENT # 726741 (2)

1. Corporation Name

LAS OLAS MANOR ASSOCIATION INC

Principal Place of Business

1212 S.E. 2ND COURT
FT. LAUDERDALE FL 33301-3940

Mailing Address

1212 S.E. 2ND COURT
FT. LAUDERDALE FL 33301-3940

3. Date Incorporated or Qualified

06/19/1973

3a. Date of Last Report

02/08/1994

4. FEI Number

59-1739458

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

TESTA, ROSEMARIE C.
1212 S.E. 2ND CT., #304
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

Randy Putalis

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

1212 SE 2 CT., # 201

83

84 City

Ft LAUD

FL

85 Zip Code

33301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

4/7/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

SD

NAME

COPA, RAFAEL

STREET ADDRESS

1212 SE 2ND CT., #203

CITY - ST - ZIP

FT LAUDERDALE FL

TITLE

D

NAME

FOLEY, MURIEL

STREET ADDRESS

1280 SE 2ND CT

CITY - ST - ZIP

FT LAUDERDALE FL

TITLE

VD

NAME

MALONEY, MAUREEN

STREET ADDRESS

1212 SE 2ND CT, #103

CITY - ST - ZIP

FT LAUDERDALE FL

TITLE

PD

NAME

TESTA, R

STREET ADDRESS

1212 SE 2ND CT., 304

CITY - ST - ZIP

FT LAUDERDALE FL

TITLE

TD

NAME

RUSSO, GAY

STREET ADDRESS

121 CAROLINA AVE

CITY - ST - ZIP

FT LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

TD

12 NAME

COPA, RAFAEL

13 STREET ADDRESS

1212 SE 2 CT., #203

14 CITY - ST - ZIP

Ft LAUDERDALE, FL 33301

21 TITLE

D

22 NAME

Foley, MURIEL

23 STREET ADDRESS

1280 SE 2ND CT., #5

24 CITY - ST - ZIP

Ft LAUDERDALE, FL 33301

31 TITLE

SD

32 NAME

CATHERINE RODRIGUEZ

33 STREET ADDRESS

1212 SE 2 CT., # 202

34 CITY - ST - ZIP

Ft LAUDERDALE, FL 33301

41 TITLE

PD

42 NAME

Randy Putalis

43 STREET ADDRESS

1212 SE 2ND CT., # 201

44 CITY - ST - ZIP

Ft LAUDERDALE, FL 33301

51 TITLE

VD

52 NAME

GAY RUSSO

53 STREET ADDRESS

121 CAROLINA AVE

54 CITY - ST - ZIP

Ft LAUDERDALE, FL 33301

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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-05/03/95--01113--011

*****37.20 *****37.20

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rafael Copa

SIGNATURE TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

4.7.95

DATE

305-497-2851

TELEPHONE NUMBER