FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996 3-11-96 B:3095-TLC

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

DOCUMENT # 726741 (2)

1. Corporation Name

LAS OLAS MANOR ASSOCIATION INC

Principal Place of Business	Mailing Address
1212 S.E. 2ND COURT FT. LAUDERDALE FL 33301-3940	1212 S.E. 2ND COURT FT. LAUDERDALE FL 33301-3940

3. Date Incorporated or Qualified: 06/19/1973

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 59-1739458 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 Country — 25

Zip — 29 Country — 30

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

9. Name and Address of Current Registered Agent

PUTELIS, RANDY
1212 S.E. 2ND CT., #201
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	COPA, RAFAEL		1.2 NAME	COPA, RAFAEL	
STREET ADDRESS	1212 SE 2ND CT., #203		1.3 STREET ADDRESS	1212 SE 2ND Ct., #203	
CITY-ST-ZIP	FT LAUDERDALE FL 33301		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	D	☒ DELETE	2.1 TITLE	HELEN RICHARDS	☐ Change ☒ Addition
NAME	FOLEY, MURIEL		2.2 NAME	1280 SE 2ND COURT #6	
STREET ADDRESS	1280 SE 2ND CT., #5		2.3 STREET ADDRESS	Ft. Lauderdale, FL 33301	
CITY-ST-ZIP	FT LAUDERDALE FL 33301		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, CATHERINE		3.2 NAME		
STREET ADDRESS	1212 SE 2ND CT, #202		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PUTELIS, RANDY		4.2 NAME		
STREET ADDRESS	1212 SE 2ND CT.,#201		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	RUSSO, GAY		5.2 NAME	GAY RUSSO	
STREET ADDRESS	121 CAROLINA AVE		5.3 STREET ADDRESS	121 CAROLINA AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33301		5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 — 2-26-96 — 3054972851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #