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Mar 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 1212 S.E. 2ND COURT FT. LAUDERDALE FL 33301-3940  
Mailing Address: 1212 S.E. 2ND COURT FT. LAUDERDALE FL 33301-3974

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/19/1973	3a. Date of Last Report 03/11/1996
21	22	23	24	4. FEI Number 59-1739458	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PUTELIS, RANDY 1212 S.E. 2ND CT., #201 FT LAUDERDALE FL 33301				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPA, RAFAEL		1.2 NAME	RODRIGUEZ, CATHERINE	
STREET ADDRESS	1212 SE 2ND CT., #203		1.3 STREET ADDRESS	1212 SE 2 CT #202	
CITY- ST- ZIP	FT LAUDERDALE FL		1.4 CITY- ST- ZIP	FT. LAUDERDALE, FL 33301	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARDS, HELEN		2.2 NAME	McDONALD, JERRY R	
STREET ADDRESS	1280 SE 2ND COURT #6		2.3 STREET ADDRESS	1212 S.E 2 CT #405	
CITY- ST- ZIP	FORT LAUDERDALE FL		2.4 CITY- ST- ZIP	FT LAUDERDALE, FL 33301	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, CATHERINE		3.2 NAME	RICHARDS, HELEN	
STREET ADDRESS	1212 SE 2ND CT, #202		3.3 STREET ADDRESS	1280 SE 2 CT #6	
CITY- ST- ZIP	FT LAUDERDALE FL 33301		3.4 CITY- ST- ZIP	FT LAUDERDALE, FL 33301	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	TREASURER/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUTELIS, RANDY		4.2 NAME	RUSSO, GAY	
STREET ADDRESS	1212 SE 2ND CT., #201		4.3 STREET ADDRESS	1212 S.E 2 CT #404	
CITY- ST- ZIP	FT LAUDERDALE FL 33301		4.4 CITY- ST- ZIP	FT. LAUDERDALE, FL 33301	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSO, GAY		5.2 NAME		
STREET ADDRESS	121 CAROLINA AVENUE		5.3 STREET ADDRESS		
CITY- ST- ZIP	FORT LAUDERDALE FL		5.4 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY- ST- ZIP			6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: GAY C. RUSSO - GAY C. RUSSO Date: 3/7/97 (954) 473-5702 x 107 Daytime Phone # 0035340

CR2E037 (9/96)