

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726741

1. Entity Name

LAS OLAS MANOR ASSOCIATION INC



FILED
Sep 19, 2000 8:00 am
Secretary of State

09-19-2000 90026 001 ****46.44
 09-19-2000 90026 002 ****18.56



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

4. FEI Number: 59-1739458 Applied For: Not Applicable:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PUTELIS, RANDY
 1212 S.E. 2ND CT., #201
 FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
 Name: Julie Foster
 Street Address (P.O. Box Number is Not Acceptable): 1040 Bayview Drive, #325
 City: Fort Lauderdale, FL 33304
 Zip Code: FL

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.

SIGNATURE: *Julie Foster* DATE: 9/13/00
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: TESTA, ROSEMARIE STREET ADDRESS: 1212 SE 2ND CT. #304 CITY-ST-ZIP: FT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE: T NAME: COPA, RAFAEL STREET ADDRESS: 1212 SE 2ND CT. #203 CITY-ST-ZIP: FT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE: SD NAME: PUTELIS, RANDY STREET ADDRESS: 1212 SE 2ND CT. #201 CITY-ST-ZIP: FT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Delete
TITLE: VPD NAME: KANELL, RICHARD STREET ADDRESS: 1212 SE 2ND CT. #105 CITY-ST-ZIP: FT. LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: BALKCOM, CHARLES STREET ADDRESS: 1212 SE 2ND CT. #301 CITY-ST-ZIP: FT. LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: Kristin West STREET ADDRESS: 1280 S.E. 2nd Court, #4 CITY-ST-ZIP: Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: John Dargis STREET ADDRESS: 1212 S.E. 2nd Court, #204 CITY-ST-ZIP: Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: Nestor Mascarell STREET ADDRESS: 1009 N.E. 2nd Street CITY-ST-ZIP: Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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 617, 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: *Rosemarie C. Testa* DATE: 9/13/00 DAYTIME PHONE #: 954/567-7370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/00)