

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90044 001 ****43.73
02-23-2007 90044 002 ****17.52

DOCUMENT # 726741

1. Entity 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**

66002719



01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1739458	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SHENDELL & ASSOCIATES, P.A.
3650 N. FEDERAL HIGHWAY, #202
LIGHTHOUSE POINT, FL 33604**

**BECKER & POLAKOFF
ONE BOCA PLACE
2255 GLADES RD
SUITE 300E BOCA RATON, FL 33433**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **GILBERT, ROBERT**
STREET ADDRESS **1212 SE 2ND CT 104**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE **D**
NAME **PETERSON, BRAD**
STREET ADDRESS **1280 SE 2ND CRT 3**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE **SD**
NAME **PUTELIS, RANDY**
STREET ADDRESS **1212 SE 2ND COURT # 201**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE **VPD**
NAME **LAKE, LAWRENCE**
STREET ADDRESS **1280 S.E. 2ND CT. #8**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

TITLE **D**
NAME **DARGIS, DONNA**
STREET ADDRESS **1212 SE 2ND COURT #204**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT GILBERT
PRESIDENT**

Date

2/15/07

Daytime Phone #