




# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90283 001 \*\*\*\*17.44  
04-21-2008 90283 002 \*\*\*\*43.81

<b>DOCUMENT # 726741</b> 1. Entity Name <b>LAS OLAS MANOR ASSOCIATION INC</b>					
Principal Place of Business <b>1212 S.E. 2ND COURT FT. LAUDERDALE, FL 33301-3940</b>			Mailing Address <b>1212 S.E. 2ND COURT FT. LAUDERDALE, FL 33301-3940</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		02142008 Chg-NP CR2E037 (12/06)  4. FEI Number <b>59-1739458</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>SHENDELL &amp; ASSOCIATES, P.A. 3650 N. FEDERAL HIGHWAY, #202 LIGHTHOUSE POINT, FL 33604</b>					
7. Name and Address of New Registered Agent Name <b>BECKER &amp; POLIAKOFF</b> Street Address (P.O. Box Number is Not Acceptable) <b>ONE BOCA PLACE, SUITE 300E</b> City <b>BOCA RATON FL</b> Zip Code <b>33431</b>					
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 <b>BECKER &amp; POLIAKOFF</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>GILBERT, ROBERT</b> <b>1212 SE 2ND CT 104</b> <b>FORT LAUDERDALE, FL 33301</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RUSO, DAVID</b> <b>1212 SE 2ND CT. #404</b> <b>FORT LAUDERDALE, FL 33301</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PETERSON, BRAD</b> <b>1280 SE 2ND CRT 3</b> <b>FORT LAUDERDALE, FL 33301</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <b>KIRSNER, RUSSELL</b> <b>1280 SE 2ND CT. #6</b> <b>FORT LAUDERDALE, FL 33301</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>PUTELIS, RANDY</b> <b>1212 SE 2ND COURT # 201</b> <b>FORT LAUDERDALE, FL 33301</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>LAKE, LAWRENCE</b> <b>1280 S.E. 2ND CT. #8</b> <b>FT. LAUDERDALE, FL 33301</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>DARGIS, DONNA</b> <b>1212 SE 2ND COURT #204</b> <b>FT. LAUDERDALE, FL 33301</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: <b>Robert D Gilbert, Pres. 2/26/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					