2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2007
Secretary of State

DOCUMENT# 730569

Entity Name: LAS OLAS CONDOMINIUM

Current Principal Place of Business:

7899 NE BAYSHORE COURT
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

7899 NE BAYSHORE COURT
MIAMI, FL 33138

New Mailing Address:

FEI Number: 59-1629693 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REHR, MICHAEL ESQ
9500 S DADELAND BLVD, SUITE 550
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PRES	( ) Delete
Name:	MAS, MARTA M	
Address:	7899 NE BAYSHORE CT.	
City-St-Zip:	MIAMI, FL 33138	
Title:	VP	( ) Delete
Name:	WENDEL, WENDEL	
Address:	7899 NE BAYSHORE CT	
City-St-Zip:	MIAMI, FL 33138	
Title:	T	( ) Delete
Name:	VARGAS, BARBARA	
Address:	7899 NE BAYSHORE CT	
City-St-Zip:	MIAMI, FL 33138	
Title:	SEC	( ) Delete
Name:	BONILLA, CARLA	
Address:	7899 NE BAYSHORE CT	
City-St-Zip:	MIAMI, FL 33138	
Title:	D	( ) Delete
Name:	BLANCO, MARTA	
Address:	7899 NE BAYSHORE CT	
City-St-Zip:	MIAMI, FL 33138	
Title:	D	( ) Delete
Name:	RELLIS, HILDA	
Address:	7899 NE BAYSHORE CT	
City-St-Zip:	MIAMI, FL 33138	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SEC	(X) Change ( ) Addition
Name:	KIMBERLY, MCCOY	
Address:	7899 NE BAYSHORE CT	
City-St-Zip:	MIAMI, FL 33138	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	CARLA, BONILLA	
Address:	7899 NE BAYSHORE CT	
City-St-Zip:	MIAMI, FL 33138	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA VARGAS T 01/20/2007
Electronic Signature of Signing Officer or Director — Date