2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# 753160

Entity Name: LAS OLAS ISLES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O NANCY PELTZER
340 SAN MARCO DR
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

C/O TOM THARRINGTON
308 ROYAL PLAZA DRIVE
FORT LAUDERDALE, FL 33301

Current Mailing Address:

P.O. BOX 2201
FORT LAUDERDALE, FL 33303 US

New Mailing Address:

FEI Number: 59-2009595 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THARRINGTON, TOM
308 ROYAL PLAZE DRIVE
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

THARRINGTON, TOM
308 ROYAL PLAZA DRIVE
FORT LAUDERDALE, FL 33301 US

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: _____ 02/18/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DS	( ) Delete
Name:	WHITTINGTON, SHERI	
Address:	615 SAN MARCO DR	
City-St-Zip:	FORT LAUDERDALE, FL 33301	
Title:	DT	( ) Delete
Name:	THARRINGTON, TOM	
Address:	308 ROYAL PLAZA DR	
City-St-Zip:	FORT LAUDERDALE, FL 33301	
Title:	DP	( ) Delete
Name:	COOPER, KEN	
Address:	625 ROYAL PLAZA DRIVE	
City-St-Zip:	FORT LAUDERDALE, FL 33301	
Title:	D	( ) Delete
Name:	BEAUCHAMP, JACK	
Address:	704 ISLE OF PALMS	
City-St-Zip:	FORT LAUDERDALE, FL 33301	
Title:	D	( ) Delete
Name:	CHAPPELL, HUGH,	
Address:	328 CORAL WAY	
City-St-Zip:	FT. LAUDERDALE, FL	
Title:	DVP	( ) Delete
Name:	HAURY, WILLIAM JR	
Address:	412 BONTANO AVENUE	
City-St-Zip:	FORT LAUDERDALE, FL 33301	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: TOM THARRINGTON DT 02/18/2009
Electronic Signature of Signing Officer or Director — Date