2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755688

FILED Jaņ 06, 2<u>00</u>6 Secretary of State

Entity Name: LAS OLAS BEACH CLUB ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1215 HWY A1A SATELLITE BEACH, FL 32937 **Current Mailing Address: New Mailing Address:** 1215 HWY A1A SATELLITE BEACH, FL 32937 FEI Number: 59-2226645 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MATEY, T.W NOLAN, TIM 1215-25 ROUTE A1A 1215-25 ROUTE A1A SATELLITE BEACH, FL 32937 US SATELLITE BEACH, FL 32937 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: TIM NOLAN 01/06/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MATEY, T.W., Name: Name: 1215-25 ROUTE A1A Address: Address: City-St-Zip: SATELLITE BEACH, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: THORNTON, CAROL Name: Address: 5001 EMERSON AVE Address: City-St-Zip: FT PIERCE, FL City-St-Zip: Title: () Delete Title: () Change () Addition STURM, RICHARD Name: Name: 1840 WINCHESTER DR Address: Address: City-St-Zip: WINTER PK. FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: MUELLER, HENRY Name: 3070 PINEDA CROSSING DRIVE Address: Address: City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: Title: Title: DST () Delete () Change () Addition NOLAN, TIM, Name: Name: 1215 HWY A1A Address: Address: City-St-Zip: SATELLITE BEACH, FL City-St-Zip:

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: TIM NOLAN SEC 01/06/2006