2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007
Secretary of State

DOCUMENT# 755688

Entity Name: LAS OLAS BEACH CLUB ASSOCIATION, INC.

Current Principal Place of Business:

1215 HWY A1A
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

1215 HWY A1A
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 59-2226645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOLAN, TIM
1215-25 ROUTE A1A
SATELLITE BEACH, FL 32937 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: P ( ) Delete
Name: MATEY, T.W.,
Address: 1215-25 ROUTE A1A
City-St-Zip: SATELLITE BEACH, FL

Title: DV ( ) Delete
Name: THORNTON, CAROL
Address: 5001 EMERSON AVE
City-St-Zip: FT PIERCE, FL

Title: D ( ) Delete
Name: STURM, RICHARD
Address: 1840 WINCHESTER DR
City-St-Zip: WINTER PK, FL

Title: D ( ) Delete
Name: MUELLER, HENRY
Address: 3070 PINEDA CROSSING DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: DST ( ) Delete
Name: NOLAN, TIM,
Address: 1215 HWY A1A
City-St-Zip: SATELLITE BEACH, FL

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:

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 S 04/09/2007
Electronic Signature of Signing Officer or Director — Date