

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 757073

1. Entity Name
**CARIBBEAN TOWNHOMES OF LAS OLAS
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**800 S E 2ND STREET
FT. LAUDERDALE, FL 33301**

Mailing Address
**800 S E 2ND STREET
FORT LAUDERDALE, FL 33301-3613**

DO NOT WRITE IN THIS SPACE



01202004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2251572

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, MURRAY
800 SE 2ND ST., #H
FT. LAUDERDALE, FL 33301**

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARJEN, KOCH 810 SE 2ND ST APT 1 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUETTEL, PETER 800 SE 2ND STREET, #I FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YAZBACK, FREDERICK 810 SE 2ND ST., #E FT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, MURRAY D 800 SE 2ND ST., #H FT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000011925
01/23/04-80057-013 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. KUETTEL

1/21/04

Date

954 525 2016

Daytime Phone #