


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90028 047 ****61.25

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			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 59-2251572		
5. Certificate of Status Desired -				<input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SMITH, MURRAY 800 SE 2ND ST., #H FT. LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE VP	NAME KOCH, ARJEN		<input checked="" type="checkbox"/> Delete	TITLE BM	NAME SHELDON PITTLEMAN	
STREET ADDRESS 810 SE 2ND ST APT I	CITY-ST-ZIP FORT LAUDERDALE, FL 33301		<input type="checkbox"/> Change	STREET ADDRESS 810 SE 2ND STREET, APT. F	CITY-ST-ZIP FT. LAUDERDALE, FL 33301	
TITLE PD	NAME KUETTEL, PETER		<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS 800 SE 2ND STREET, #1	CITY-ST-ZIP FT LAUDERDALE, FL		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE TD	NAME YAZBACK, FREDERICK		<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS 810 SE 2ND ST., #E	CITY-ST-ZIP FT LAUDERDALE, FL 33301		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE SD	NAME SMITH, MURRAY D		<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS 800 SE 2ND ST., #H	CITY-ST-ZIP FT LAUDERDALE, FL 33301		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE BM	NAME BARDFELD, LAWRENCE		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS 800 SE 2ND ST	CITY-ST-ZIP FORT LAUDERDALE, FL 33301		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <i>PETER KUETTEL PD</i> 4/4/06 <i>9545252016</i>						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						