2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #757073

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



Apr 26, 2007 8:00 am Secretary of State 04-26-2007 90190 043 ****61.25

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| Principal Plac 800 S E 2ND FT. LAUDERD | | Mailing Address 800 S E 2ND STREET FORT LAUDERDALE, FL | 33301-3613 | I letter letter bler otten bler letter all blet brek film blek bler blett otten blekkel bl. (ble | l | | |
|---|---|--|---|--|----------|--|--|
| 2. Principal P | face of Business - No P.O. Box # | 3. Mailing Address | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 04112007 Chg-NP CR2E037 (12/06) | | | |
| City & State | 9 | City & State | | 4. FEI Number Applied For 59-2251572 Not Applicable | | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | |
| | 6. Name and Address of Current | Registered Agent | · · · · · · · · · · · · · · · · · · · | 7. Name and Address of New Registered Agent | | | |
| SMITH, MU 800 SE 2N FT. LAUDE | JRRAY | | Freder dez la l ddress (P.O. Box Number is Not Acceptable) | rederid 4 02 bel s (P.O. Box Number je Not Agceptable) | | | |
| 2 | | | City | FL Zip Gode | ᅱ | | |
| | named entity submits this statement for ions of registered agent. | r the purpose of changing its | registered office of | registered agent, or both, in the State of Florida. I am familiar with, and acc | æpt | | |
| | - / a | | | | 1 | | |
| | | | | 4/25/07 | - 1 | | |
| SIGNATURE . | Just ga | | | 9/25/17 | - 1 | | |
| a.e | Signature, typed or printed name of registered agents | in title il applicable. (ΝΟΠ | : Registered Agent signat | bine required when reinstating) DATE | | | |
| | Filing Fee is \$81.25 Due by May 1, 2007 | 9. Election Car Trust Fund (| \$5.00 May Be Added to Fees Make check payable to Florida Department of State | Added to Fees Florida Department of State | | | |
| 10. | OFFICERS AND DIF | RECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE | ВМ | - Delete | TITLE | Change ☑Add | itton | | |
| NAME | PITTLEMAN, SHELDON | | NAME | serong mold ser st. Unit A | - 1 | | |
| STREET ADDRESS | 810 SE 2ND STREET, APT F | | STREET ADDRESS | 810 18 2M St. art 11 | - 1 | | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33301 | | CITY-ST-ZIP | Et landerle Et 37701 | - 1 | | |
| TITLE | PD | · | TITLE | Ft. Landerdole Ft 33301 Preferick Yozbach Change Add Vio & E 2 th St. Unit E | | | |
| NAME | KUETTEL, PETER | Delete | NAME | Frederick Yazback 1 Change Add | MOOII | | |
| STREET ADDRESS | 800 SE 2ND STREET, #I | | STREET ADDRESS | UIO GE 2 M St. UNITE | - 1 | | |
| CITY-ST-ZIP | FT LAUDERDALE, FL | | CITY-ST-ZIP | 24 1 1. 11. 61 | ł | | |
| | | <u> </u> | - t | 12 Landerdop Ph 33301 12 Spellon Pitterner Change Add 810 St 2nd St. Unit F | | | |
| TILE | TD | Delete | IME | 1 D Change 2 Add | litton | | |
| NAME | YAZBACK, FREDERICK | | NAME | spellon fine de l'at F | | | |
| STREET ADORESS City-St-Zep | 810 SE 2ND ST., #E | | STREET ADORESS | 8/0 32 2 | - | | |
| | FT LAUDERDALE, FL 33301 | | CITY-S1-ZIP | Ft. Loader Sele FL 33301 | | | |
| MILE . | SD | 2 -Delete | TITLE | SY □ Change □ Change | lition | | |
| NAME | SMITH, MURRAY D | | NAME | Loid Bolton With | | | |
| STREET ADDRESS | 800 SE 2ND ST., #H | | STREET ADDRESS | \$ 00 DE TWILL THE | 1 | | |
| CITY-ST-ZIP | FT LAUDERDALE, FL 33301 | · · · · · · · · · · · · · · · · · · · | CITY-ST-ZIP | | \dashv | | |
| TITLE | VP | Delete | TMLE | UP □ Change □ PAdd | Jition | | |
| NAME | BARDFELD, LAWRENCE | | NAME | your John Il Wait N | İ | | |
| STREET ADDRESS City-St-Zep | 800 SE 2ND ST., APT K | | STREET ADDRESS | Soo 16 2 ml) J. Unit N Ft. Lander Lole FL 33 mg | - 1 | | |
| | FORT LAUDERDALE, FL 33301 | | CITY-ST-ZIP | | | | |
| TITLE | | ☐ Delete | TITLE | Change Add | lition | | |
| NAME | | | NAME | | Ì | | |
| STREET ADDRESS | | | STREET ADDRESS | | ļ | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| 12. I hereby certify that the information supplied with this filling 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 trusted employment to execute this report as required by Chapter 617, Florida Shatthes, and that my name appears in Block 10 or | | | | | | | |

changed, or on an attachment with an address, with all other like empowered.

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OFFICER OR DIRECTOR

Caytime Phone #