2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 08, 2006 8:00 am Secretary of State

DOCUMENT # N0000001318						02-08-2006 90013 049 ****61.25				
1. Entity Name VENEZIA	LAS OLAS CONDOMINIUI	M ASSOCIATION	i, INC.							
Principal Place of Business Mailing Address							-			
111 S.E. 8TH Ft Lauderda	AVE NLE, FL 33301	111 S.E. 8TH AVE Ft Lauderdale, Fl 33301								
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2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112006	Chg-NP	CR2E03	7 (11/05)		
. City & State		City & State			4. FEI Numbe 65-1146	4. FEI Number Applied For 65-1146289 Not Applicable				
Zip	Country	Zip	Co	ountry	5. Certificate	of Status Desired		\$8.75 Addi	itional	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of Nev				
COFAR, L		Name		<u> </u>						
111 SE 8T 802	H AVE		Street Address		ess (P.O. Box Numbe	r is Not Accepta	.ble) 			
	DERDALE, FL 33301									
İ				City			FL	Zip Code	3	
	named entity submits this statement for ions of registered agent.	r the purpose of chang	ng its registe	ered office or reg	gistered agent, or bot	h, in the State of	Florida. I am f	amiliar with,	and accept	
lile obligati	ions of registered agent.								i	
1										
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registe	ered Agent signature re	equired when remstating)					
SIGNATURE .	Signature, typed or printed name of registered agent				equired when reinstating)		DATE			
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006	9. Election	(NOTE: Registe on Campaign fund Contribu	Financing	\$5.00 May B		DATE Make check lorida Depart			
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI	9. Election Trust	on Campaign and Contribu	Financing ution.	\$5.00 May B	F	Make check lorida Depari	RECTORS IN	10	
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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 supplementation 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 of 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

LAUKEULE
IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

00/11/1

954-525-190

Daytime Phone #