2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Feb 19, 2007 8:00 am **Secretary of State DOCUMENT # N00000001318** 02-19-2007 90059 041 ****61.25 VENÉZIA LAS OLAS CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 40000104 111 S.E. 8TH AVE 111 S.E. 8TH AVE FT LAUDERDALE, FL 33301 FT LAUDERDALE, FL 33301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 01032007 Chg-NP CR2E037 (12/06) 4. FEI Number 65-1146289 City & State City & State Applied For Not Applicable Zip Zıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Allen Douglas COFAR, LAWRENCE 111 SE 8TH AVE 802 FORT LAUDERDALE, FL 33301 4 (50) 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 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 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Detete TITLE Change Addition TITLE Allen, Dougles COFAR, LAWRENCE NAME NAME STREET ADDRESS 111 SE 8TH AVE #802 STREET ADDRESS Fort Louderdale, Fl 33301 CITY-ST-ZIP FORT LAUDERDALE, FL 33301 CITY-ST-7IP ☐ Delete TITLE Change TITLE David Solomen 111 30 8th Ave # 701 ☐ Addition SOLOMON, DAVID NAME NAME 111 SE 8TH AVE #701 STREET ADDRESS Fort Louderdde, Al STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33301 CITY-ST-ZIP Thes Pordy Are, # 1201 Delete Trīle Addition TITLE PIPITONE, GERALDINE NAME NAME 111 SE 8TH AVE., #902 STREET ADDRESS STREET ADDRESS Fort Lauderdale, F1 33301 FORT LAUDERDALE, FL 33301 CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition TITLE NAME

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 the empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

1.03-07 954-525-0901

FILED