

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002594

FILED  
Jan 04, 2005  
Secretary of State

**Entity Name:** VISTA LAS OLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

217 HENDRICKS ISLE  
FORT LAUDERDALE, FL 33301 US

**New Principal Place of Business:**

**Current Mailing Address:**

217 HENDRICKS ISLE  
FORT LAUDERDALE, FL 33301 US

**New Mailing Address:**

**FEI Number:** 65-1133239

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GIRARD, ANTHONY S  
217 HENDRICKS ISLE, #401  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HEGGENHOUGEN, ROLV  
Address: 217 HENDRICKS ISLE  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: TD ( ) Delete  
Name: GIRARD, ANTHONY S  
Address: 217 HENDRICKS ISLE  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: SD ( ) Delete  
Name: PARKOLAP, JARISLAW  
Address: 217 HENDRICKS ISLE  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: JACOBS, DALE  
Address: 217 HENDRICKS ISLE  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE JACOBS

PD

01/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date