

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002594

FILED
Mar 18, 2009
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:

151 N NOB HILL RD
SUITE 288
PLANTATION, FL 33324 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:

STASKOWSKI, BONNIE
151 N. NOB HILL RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

AMORELLO, LYNDA
151 N. NOB HILL RD @288
PLANTATION, FL 33324 US

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: LYNDA AMORELLO

03/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JACOBS, DALE
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, DL 33301

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHUCK, ELLISON MR.
Address: 217 HENDRICKS ISLE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: SD (X) Change () Addition
Name: RANDEE, GORE MS.
Address: 217 HENDRICKS ISLE
City-St-Zip: FORT LAUDERDALE, DL 33301

Title: T () Change (X) Addition
Name: ALFORD, ROZ
Address: 217 HENDRICKS ISLE
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LYNDA AMORELLO

MGR.

03/18/2009

Electronic Signature of Signing Officer or Director

Date