## 2008 NOT-FOR-PROFIT CORPORATION ... ANNUAL REPORT

## **DOCUMENT # N01000003079**

1. Entity Name

LAS OLAS LANDINGS ASSOCIATION, INC.



FILED Jan 07, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

206 SE 10TH TERR

SIGNATURE:

FORT LAUDERDALE, FL 33301-3634

206 SE 10TH TERR

FORT LAUDERDALE, FL 33301-3634



DO NOT WRITE IN THIS SPACE

65-1154013

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

PERRY, JAMES B 206 SE 10TH TERR FORT LAUDERDALE, FL 33301-3634

## DO NOT WRITE IN THIS SPACE

			IN THIS SPACE			
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 the obligations of registered agent.						
SIGNATURE.	Signature, types or printed name of registered agent and site	If applicable. (NOTE: Registered	Agent signature	<i>D</i>	YEIRY when reinstating)	/-5-08 DATE
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finan     Trust Fund Contribution.	cing		.00 May Be led to Fees	
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERRY, JAMES B 206 SE 10TH TERRACE FORT LAUDERDALE, FL 33301			U00000774434 01/07/08-80014-017 61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIPRETA, VINCE 202 SE 10 TERR FORT LAUDERDALE, FL 33301	NCE RR				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 like empowered.						