2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State
08-08-2005 90045 035 ****61.25

DOCUMENT # N04000009073

1. Entity Name
LAS OLAS RIVER HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
200 E LAS OLAS BLVD SUITE 1660 FT LAUDERDALE, FL 33301	200 E LAS OLAS BLVD SUITE 1660 FT LAUDERDALE, FL 33301

07142005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
333 LAS OLAS WAY Suite, Apt. #, etc.	333 LAS OLAS WAY Suite, Apt. #, etc.
City & State: FORT LAUDERDALE	City & State: FLORIDA
Zip: 33301 Country:	Zip: Country:

4. FEI Number 34-2021394 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name: Randall K. Roger & Associates, P.A.
Street Address (P.O. Box Numbers Not Acceptable): One Park Place
621 NW 53rd Street, Suite 300
City: Boca Raton FL Zip Code: 33487

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: Randall K. Roger RANDALL K. ROGER, PRES. 7/28/05
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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT MEDALLE, RON A 200 E LAS OLAS BLVD SUITE 1660 FT LAUDERDALE, FL 33301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT KAMMERMAN, MARCY 200 E. LAS OLAS BLVD, SUITE 1660 FORT LAUDERDALE, FL 33301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RUBENSTEIN, CHARLES D 200 E LAS OLAS BLVD SUITE 1660 FT LAUDERDALE, FL 33301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT POMERANTZ, ED 333 LAS OLAS WAY, SUITE 2507 FORT LAUDERDALE, FL 33301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCHAEFFER, RICHARD 200 E LAS OLAS BLVD SUITE 1660 FT LAUDERDALE, FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY/TREASURER	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #