

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

07 NOV 13 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JY

11-14-07



10182007 Chg-NP CR2E037 (12/06)

DOCUMENT # N04000009073					
1. Entity Name LAS OLAS RIVER HOUSE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 333 LAS OLAS WAY FT LAUDERDALE, FL 33301			Mailing Address 333 LAS OLAS WAY FT LAUDERDALE, FL 33301		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 34-2021394	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KAMMERMAN, MARCY H ESQ 5900 N ANDREWS AVE SUITE 500 FORT LAUDERDALE, FL 33309			Name <u>Randall K. Roger - Associates, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>691 NW 53rd Street, Ste 300</u> City <u>Boca Raton</u> FL Zip Code <u>33407</u>		
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 <u>Randall K. Roger, Pres.</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Amended AR is \$61.25		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	P KAMMERMAN, MARCY 5900 N. ANDREWS AVENUE, STE 500 FORT LAUDERDALE, FL 33309 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Edward Pomeranz 333 Las Olas Way # 3505 Ft. Lauderdale, FL 33301 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POMERANZ, ED 333 LAS OLAS WAY, SUITE 3505 FORT LAUDERDALE, FL 33301 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Howard Kurzweil 333 Las Olas Way # 2010 Ft. Lauderdale, FL 33301 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MONTGOMERY, DARIN 5900 N. ANDREWS AVENUE, STE 500 FT LAUDERDALE, FL 33309 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SJT John Quaintance 333 Las Olas Way # 3105 Ft. Lauderdale, FL 33301 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James Helman 5900 N. Andrews Ave, Ste 500 Ft. Lauderdale, FL 33309 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marcy Kammerman 5900 N. Andrews Ave, Ste 500 Ft. Lauderdale, FL 33309 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200112385020 ☐ Change ☒ Addition 11/19/07--01004--002 **\$61.25		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN W. QUAINANCE

10/18/07

(954) 804-0988