2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED AND FILED

07 NOV 13 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-14-07

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

10182007 Chg-NP CR2E037 (12/06)

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

KAMMERMAN, MARCY H ESQ
5900 N ANDREWS AVE
SUITE 500
FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name
~~Randall K. Roger & Associates, P.A.~~

Street Address (P.O. Box Number is Not Acceptable)
~~621 NW 53rd Street, Ste 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, Pres.~~
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

TITLE	P ☒ Delete
NAME	KAMMERMAN, MARCY
STREET ADDRESS	5900 N. ANDREWS AVENUE, STE 500
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	VP ☒ Delete
NAME	POMERANZ, ED
STREET ADDRESS	333 LAS OLAS WAY, SUITE 3505
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	STD ☒ Delete
NAME	MONTGOMERY, DARIN
STREET ADDRESS	5900 N. ANDREWS AVENUE, STE 500
CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P ☑ Change ☐ Addition
NAME	Edward Pomeranz
STREET ADDRESS	333 Las Olas Way # 3505
CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	VP ☑ Change ☑ Addition
NAME	Howard Kurzweil
STREET ADDRESS	333 Las Olas Way # 2010
CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	S/T ☑ Change ☑ Addition
NAME	John Quaintance
STREET ADDRESS	333 Las Olas Way # 3105
CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	D ☑ Change ☑ Addition
NAME	James Helman
STREET ADDRESS	5900 N. Andrews Ave, Ste 500
CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	D ☑ Change ☐ Addition
NAME	Marcy Kammerman
STREET ADDRESS	5900 N. Andrews Ave, Ste 500
CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	☐ Change ☐ Addition
NAME	200112383940
STREET ADDRESS	11/13/07--01004--002 **61.25
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.

SIGNATURE: JOHN W. QUAINTANCE 10/18/07 (954) 804-0988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #