

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009073

FILED
Mar 19, 2009
Secretary of State

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

Current Principal Place of Business:

333 LAS OLAS WAY
FT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

333 LAS OLAS WAY
FT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 34-2021394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANDALL K ROGER & ASSOCIATES, P.A.
621 NW 53 ST STE 300
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POMERANZ, EDWARD
Address: 333 LAS OLAS WAY #3503
City-St-Zip: FT LAUDERDALE, FL 33301

Title: VP () Delete
Name: KURZWEIL, HOWARD
Address: 333 LAS OLAS WAY #2010
City-St-Zip: FT LAUDERDALE, FL 33301

Title: ST () Delete
Name: QUAINANCE, JOHN
Address: 333 LAS OLAS WAY #3105
City-St-Zip: FT LAUDERDALE, FL 33301

Title: D () Delete
Name: HELMAN, JAMES
Address: 21 W. LAS OLAS BLVD, STE. 13
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: KAMMERMAN, MARCY
Address: 21 W. LAS OLAS BLVD., STE. 13
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: QUAINANCE, JOHN
Address: 333 LAS OLAS WAY #3105
City-St-Zip: FT LAUDERDALE, FL 33301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: FIGUEROA, ARMINDA
Address: 333 LAS OLAS WAY #2604
City-St-Zip: FT LAUDERDALE, FL 33301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN QUAINANCE

P

03/19/2009

Electronic Signature of Signing Officer or Director

Date