
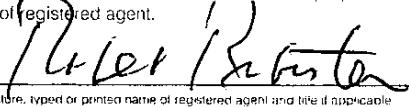


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 03, 2007 8:00 am
Secretary of State

08-03-2007 90020 039 ****61.25

DOCUMENT # N05000000810			
1. Entity Name LAS OLAS GRAND CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 411 NEW RIVER DR. E. MANAGEMENT OFFICE FT. LAUDERDALE FL 33301		Mailing Address 411 NEW RIVER DR. E. MANAGEMENT OFFICE FT. LAUDERDALE FL 33301	
2. Principal Place of Business - No P.O. Box # 411 N. New River Dr. E. Suite, Apt. #, etc		3. Mailing Address 411 N. New River Dr. E. Suite, Apt. #, etc	
City & State Fort Lauderdale FL		City & State Fort Lauderdale FL	
Zip 33301	Country	Zip 33301	Country
6. Name and Address of Current Registered Agent LASHBROOK, GARTH 411 NEW RIVER DR. E. MANAGEMENT OFFICE FT. LAUDERDALE FL 33301		7. Name and Address of New Registered Agent Name Robert Rubinstein, Esq. Street Address (P.O. Box Number is Not Acceptable) c/o Becker & Poliakoff 2255 GIGADES RD STE 300E City Boca Raton FL Zip Code 33431	
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  DATE 7/25/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By September 5, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIANGELO, JOHN 411 NORTH NEW RIVER DRIVE EAST FORT LAUDERDALE FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John D'Angelo 411 N. New River Dr. E. Fort Lauderdale FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POLLACK, MARTIN 411 NEW RIVER DR. E. FT. LAUDERDALE FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RHOADES, JOHN 411 NORTH NEW RIVER DRIVE EAST FORT LAUDERDALE FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICH, SANDRA 411 NORTH NEW RIVER DRIVE EAST FORT LAUDERDALE FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ray Fennon 411 N. New River Dr. E. Fort Lauderdale FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Teresita Bradstock 411 N. New River Dr. E. Fort Lauderdale FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

7/30/07

Date

Designation (Print Name)