
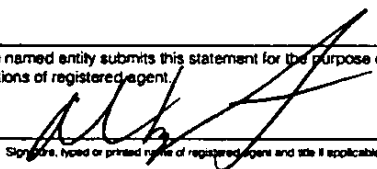



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
5 Jul 21, 2006 8:00 am
Secretary of State

05-01-2006 90405 009 ****61.25

DOCUMENT # N05000010806			
1. Entity Name OLA CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 17501 BISCAYNE BLVD STE 300 AVENTURA, FL 33160		Mailing Address 17501 BISCAYNE BLVD STE 300 AVENTURA, FL 33160	
2. Principal Place of Business		3. Mailing Address c/o DCI Association Svcs.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 2035 Harding Str., #200	
City & State		City & State Hollywood, FL	
Zip	Country	Zip	Country
33020	USA	33020	USA
4. FEI Number 20-4354429		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GARCIA, FERNANDO 2525 PONCE DE LEON BLVD STE 400 CORAL GABLES, FL 33134-P		Name Andrew Meyrowitz, c/o DCI Association Svcs.	
		Street Address (P.O. Box Number is Not Acceptable) 2035 Harding Street	
		Suite 200	
		City Hollywood	Zip Code FL 33020
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 4/12/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD KARSON, ARDEN 17501 BISCAYNE BLVD - STE 300 AVENTURA, FL 33160 <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	VPD RISMILLER, TAYLOR 17501 BISCAYNE BLVD - STE 300 AVENTURA, FL 33160 <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	STD CLARK, ANNE 17501 BISCAYNE BLVD - STE 300 AVENTURA, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Heather Geraci 17501 Biscayne Blvd - Ste. 300 Aventura, FL 33160 <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	<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	<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	<input type="checkbox"/> Change <input 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: 		DATE 4/24/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

66022049



04102006 Chg-NP CR2E037 (11/05)