

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 10, 2009
Secretary of State**

DOCUMENT# N05000010806

Entity Name: OLA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

17501 BISCAYNE BLVD
STE 300
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

C/O WALTON JONES + BROWNE
1999 SW 27 AVENUE
MIAMI, FL 33145

New Mailing Address:

FEI Number: 20-4354429 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTON, KENNETH E II
1999 SW 27 AVENUE
MIAMI, FL 33145 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: PD () Delete
Name: FRANCOS, ROSENA
Address: 15201 NE 6TH AVENUE UNIT C302
City-St-Zip: MIAMI, FL 33162

Title: VPD () Delete
Name: ROSARIO, ALVARO
Address: 15225 NE 6TH AVENUE UNIT B203
City-St-Zip: MIAMI, FL 33162

Title: TD () Delete
Name: BALGOBIN, SEBRINA
Address: 15225 NE 6TH AVENUE UNIT B309
City-St-Zip: MIAMI, FL 33162

Title: SD (X) Delete
Name: JACKSON, CHANEL
Address: 15205 NE 6TH AVE UNIT D101
City-St-Zip: MIAMI, FL 33162

Title: D (X) Delete
Name: SHEFFIELD, FELECIA
Address: 15221 NE 6TH AVE UNIT A207
City-St-Zip: MIAMI, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FRANCOS, ROSENA PRES
Address: 15201 NE 6TH AVENUE, UNIT C302
City-St-Zip: MIAMI, FL 33162

Title: TD (X) Change () Addition
Name: BALGOBIN, SABRINA TD
Address: 15225 NE 6TH AVENUE, UNIT B309
City-St-Zip: MIAMI, FL 33162

Title: SD (X) Change () Addition
Name: JACKSON, CHANEL SD
Address: 15225 NE 6TH AVENUE, UNIT D101
City-St-Zip: MIAMI, FL 33162

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: ROSENA FRANCOIS

PRES

02/10/2009

Electronic Signature of Signing Officer or Director

_____ Date