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AND
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95 APR 26 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20083 (4)

1. Corporation Name
LAS OLAS CONDOMINIUM, INC.

Principal Place of Business 19500 GULF BLVD. INDIAN SHORES FL 34635-2213	Mailing Address 19500 GULF BLVD. INDIAN SHORES FL 34635-2213
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/10/1987	3a. Date of Last Report 04/27/1994
4. FEI Number 59-1890658	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WARK, CAROL
19500 GULF BL 401
INDIAN SHORES FL 34635**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Carol Z Wark* April 22, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HERMANN, DORIS
STREET ADDRESS	14024 SHADY SHORES DR.
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	GRIECO, DANIEL J., SR.
STREET ADDRESS	19500 GULF BLVD.
CITY - ST - ZIP	INDIAN SHORES FL
TITLE	SD
NAME	LYNN, WILLIAM S.
STREET ADDRESS	19500 GULF BLVD.
CITY - ST - ZIP	INDIAN SHORES FL
TITLE	TD
NAME	WARK, CAROL
STREET ADDRESS	19500 GULF BLVD.
CITY - ST - ZIP	INDIAN SHORES FL
TITLE	PD
NAME	KOVACS, WILMA
STREET ADDRESS	19500 GULF BOULEVARD
CITY - ST - ZIP	INDIAN SHORES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	HERMANN, DORIS
13 STREET ADDRESS	14024 SHADY SHORES DR.
14 CITY - ST - ZIP	TAMPA, FL 33613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	GRIECO, DANIEL J. SR.
23 STREET ADDRESS	19500 Gulf Blvd. #201
24 CITY - ST - ZIP	Indian Shores, FL 34635 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE	ALT. DIRECTOR
32 NAME	Lynn, William S.
33 STREET ADDRESS	19500 Gulf Blvd. #303, Indian Shores
34 CITY - ST - ZIP	Florida 34635 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE	LINKUS, LEONARD J.
42 NAME	2253 NORWEGIAN DR. #27
43 STREET ADDRESS	Clearwater, FL 34623
44 CITY - ST - ZIP	
51 TITLE	Aast. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	STRAITON, Sandra
53 STREET ADDRESS	19500 Gulf Blvd.
54 CITY - ST - ZIP	Indian Shores, FL 34635 <input checked="" type="checkbox"/> Addition
61 TITLE	D
62 NAME	RODRIGUEZ, FERMIN
63 STREET ADDRESS	2415 DUNDEE
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and correct 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 preparer or auditor authorized to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Leonard J. Linkus* 22 Apr 95
Signature and Type of Officer or Director Date (Type Name)