

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 33435-2213	Mailing Address 19500 GULF BLVD. INDIAN SHORES FL 33435-2271
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3. Date Incorporated or Qualified 04/10/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1890658	Applied For Not Applicable
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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 33785 Country	2a. Mailing Address 26 2700 E. BAY DR. 27 Suite, Apt. #, etc. 28 #107 29 City & State LARGO, FL. 30 Zip 33771 Country
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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
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE *Carol L. Wark* **CAROL L. WARK** **28 APR 97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	SYLVIA FORSETH	
STREET ADDRESS	19500 GULF BLVD., SUITE 203	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GRIECO, DANIEL J	
STREET ADDRESS	19500 GULF BLVD.#201	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE	AD	<input type="checkbox"/> DELETE
NAME	LYNN, WILLIAM S	
STREET ADDRESS	19500 GULF BLVD. #201	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEONARD J. LINKUS	
STREET ADDRESS	19500 GULF BLVD., SUITE 502	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, FERMIN	
STREET ADDRESS	2415 DUNDEE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JEAN CALL	
1.3 STREET ADDRESS	19500 GULF BLVD, SUITE 405	
1.4 CITY-ST-ZIP	INDIAN SHORES, FL	
2.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARJORIE BRANHARD	
2.3 STREET ADDRESS	1809 N. FAIRFIELD RD	
2.4 CITY-ST-ZIP	BEAVERCREEK, OH	
3.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILLIAM S. LYNN #	
3.3 STREET ADDRESS	19500 GULF BLVD, 201	
3.4 CITY-ST-ZIP	INDIAN SHORES, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	PRESIDENT DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FERMIN RODRIGUEZ	
5.3 STREET ADDRESS	2415 DUNDEE	
5.4 CITY-ST-ZIP	TAMPA FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE *Leonard J. Linkus* **LEONARD J. LINKUS** **28 APR 97** **813-595-0549**
Signature, typed or printed name of signing officer or director Date Daytime Phone # 0052311

CR2E037 (9/96)