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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 18600 GULF BLVD. INDIAN SHORES FL 33785 US	Mailing Address 2700 E BAY DR. #107 LARGO FL 33771 US
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3. Date Incorporated or Qualified
04/10/1987

4. FEI Number 59-1890658	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26 PAREKH, COMMONS + CO.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes 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

61 Name	
62 Street Address (P.O. Box Number is Not Acceptable)	
63	
64 City	FL 85 Zip Code 33785

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* DATE **4-22-98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CALL, JEAN	
STREET ADDRESS	19500 GULF BLVD., STE. 405	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERNHARD, MARJORIE	
STREET ADDRESS	1809 N. FAIRFIELD RD	
CITY-ST-ZIP	BEAVER CREEK OH	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LYNN, WILLIAM S	
STREET ADDRESS	19500 GULF BLVD. #201	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LEONARD J. LINKUS	
STREET ADDRESS	19500 GULF BLVD., SUITE 502	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE	PD	<input checked="" 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PD WILMA KOVACS
1.3 STREET ADDRESS	19500 GULF BLVD # 302
1.4 CITY-ST-ZIP	INDIAN SHORES FL 33785
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SD NILA PEARONE
3.3 STREET ADDRESS	928 CIMMARON DR.
3.4 CITY-ST-ZIP	TAMPA FL 33603
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TD RONALD HALE
4.3 STREET ADDRESS	19500 GULF BLVD #301
4.4 CITY-ST-ZIP	INDIAN SHORES FL 33785
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D TONY ROCHA
5.3 STREET ADDRESS	19500 GULF BLVD # 205
5.4 CITY-ST-ZIP	INDIAN SHORES FL 33785
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 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: *Ronald J. Hale* DATE: **4-22-98** 813-837-1513

CFR2E037 (10/97)