2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 14, 2006 8:00 am Secretary of State DOCUMENT # N96000006379 1. Entity Name 03-14-2006 90030 014 ****61.25 LAS OLAS TOWNHOUSE CONDOMINIUM ASSOCIATION. Principal Place of Business Mailing Address 3400 OCEAN SHORE BLVD. ORMOND BEACH FL 32176 2311 LAKE RUBY RD DELAND FL 32724 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-3457550 Not Applicable Country -Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERLAND, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 2311 LAKE RUBY RD DELAND FL 32724 Zip Code 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 Signature, typing or printed name of registered agent and fille if applicable (NOTE: Registured Agent signature regioned when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE TIFLE Addition Kirby Phillips KIEBY, PHILLIPS NAME NAME 3400 OCEAN SHORE BLVD. STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32176 CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE FERLAND, RICHARD A NAME STREET ADDRESS 2311 LAKE RUBY RD STREET ADDRESS CITY-ST-ZIP DELAND FL 32724 CITY-ST-ZIP Delete Change SD Secretary (SD) TITLE TITLE ☐ Addition BUCHNER, BARBARA NAME NAME 3400 OCEAN SHORE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP ORMOND BEACH FL 32176 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

Fulund Richard A. Ferland

CITY-ST-7tP

3/1/2006

384-822-7261

FILED