

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

0045908

03-20-2001 90013 001 ****61.25

DOCUMENT # N99000007495
 1. Entity Name
LAS OLAS PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 6400 N. ANDREWS AVE. FT. LAUDERDALE FL 33309	Mailing Address 6400 N. ANDREWS AVE. FT. LAUDERDALE FL 33309
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2. Principal Place of Business 300 SE 2nd Street Suite, Apt. #, etc. 8th Floor	3. Mailing Address 300 SE 2nd Street Suite, Apt. #, etc. 8th Floor
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City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL	4. FEI Number 65-0979876	Applied For <input type="checkbox"/> Not Applicable
Zip 33301-1907	Country	Zip 33301-1907	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DUKE, BRYAN W
6400 N. ANDREWS AVE.
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent
 Name
Patricia A. Jones
 Street Address (P.O. Box Number is Not Acceptable)
300 SE 2nd Street
8th Floor
 City
Ft. Lauderdale, FL Zip Code
33301-1907

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.
 SIGNATURE *Patricia A. Jones* DATE 3-14-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STINE, JAMES W 6400 N. ANDREWS AVE. FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRARA, ROCCO C 6400 N. ANDREWS AVE. FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORLEW, MARK E 6400 N. ANDREWS AVE. FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP James Stine 300 SE 2nd Street, 8th FL Ft. Lauderdale, FL 33301-1907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rocco Ferrera 300 SE 2nd Street, 8th FL Ft. Lauderdale, FL 33301-1907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mark Corlew 300 SE 2nd Street 8th FL Ft. Lauderdale, FL 33301-1907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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.

SIGNATURE: *Patricia A. Jones* DATE 3-13-01 DAYTIME PHONE # 954-627-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)