2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 10, 2004 08:00 AM Secretary of State DOCUMENT # N99000007495 1. Entity Name LAS OLAS PLACE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 300 SE 2ND STREET 8TH FLOOR 300 SE 2ND STREET 8TH FLOOR FORT LAUDERDALE FL 33301-1907 FORT LAUDERDALE FL 33301-1907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 65-0979876 Not Applicable Ζιρ Country Zφ Country \$8.75 Additional 5. Certificate of Status Desired 13 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JONES, PATRICIA A 300 SE 2ND STREET Street Address (P.O. Box Number is Not Acceptable) 8TH FLOOR FORT LAUDERDALE FL 33301-1907 City Zip Code FI 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, typed or printed name of registered agent and fille if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TETLE Defete FITLE Change Addition STINE, JAMES W NAME NAME U00000084244 300 SE 2ND STREET 8TH FL STREET ADDRESS STREET ADDRESS 03/10/04-80070-021 61.25 FORT LAUDERDALE FL 33301-1907 CITY - ST- ZIP CRTY+SI-ZIP Change ☐ Addition TOTLE Defete FERRARA, ROCCO C MART NAME 300 SE 2ND STREET 8TH FL STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33301-1907 CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition CORLEW, MARK E MAME NAME 300 SE 2ND STREET 8TH FL STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33301-1907 CITY-ST-ZIP CITY-SI-ZIP TISLE Detete TITLE Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NEAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$7-21P 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 to supplemental feodr 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 on the release 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 in address, with all other like empowered.

FILED

SIGNATURE: MM R FERRER MARCH 3, 2004 954-627-9179