

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 14, 2005  
Secretary of State**

DOCUMENT# N99000007495

Entity Name: LAS OLAS PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

300 SE 2ND STREET  
8TH FLOOR  
FORT LAUDERDALE, FL 333011907

**New Principal Place of Business:**

**Current Mailing Address:**

300 SE 2ND STREET  
8TH FLOOR  
FORT LAUDERDALE, FL 333011907

**New Mailing Address:**

FEI Number: 65-0979876      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, PATRICIA A  
300 SE 2ND STREET  
8TH FLOOR  
FORT LAUDERDALE, FL 333011907 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: STINE, JAMES W  
Address: 300 SE 2ND STREET 8TH FL  
City-St-Zip: FORT LAUDERDALE, FL 333011907

Title: D      ( ) Delete  
Name: FERRARA, ROCCO C  
Address: 300 SE 2ND STREET 8TH FL  
City-St-Zip: FORT LAUDERDALE, FL 333011907

Title: D      ( ) Delete  
Name: CORLEW, MARK E  
Address: 300 SE 2ND STREET 8TH FL  
City-St-Zip: FORT LAUDERDALE, FL 333011907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROCCO FERRARA

D

03/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date