


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 727060 1. Entity Name OLYMPIC TOWER ASSOCIATION, INC.	
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Principal Place of Business 920 NE 169TH ST NORTH MIAMI BEACH FL 33162	Mailing Address 920 NE 169TH ST NORTH MIAMI BEACH FL 33162
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-1788309	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent VILINSKY, BERYL 920 NE 169 ST N. MIAMI BEACH FL 33162	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	S HOPKINS, MAMIE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	920 NE 169 ST.	NAME	
STREET ADDRESS	N MIAMI BEACH FL 33162	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	TD BRANDWEIN, HELEN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	920 NE 169TH ST	NAME	
STREET ADDRESS	N. MIAMI BEACH FL 33162	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	PD VILINSKY, BERYL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	920 NE 169TH ST	NAME	
STREET ADDRESS	N. MIAMI BEACH FL 33162	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	VD CERNUDA, JOSE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	920 NE 169 STREET	NAME	
STREET ADDRESS	N. MIAMI BEACH FL 33162	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	VD SCHWARTZ, ABRAHAM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	920 NE 169 ST	NAME	
STREET ADDRESS	N. MIAMI BEACH FL 33162	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Helen Brandwein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/05 305-652-2287
Date Daytime Phone #