

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # 728015 (9)
1. Corporation Name
THE OLYMPUS ASSOCIATION, INC.



Principal Place of Business: **500 THREE ISLANDS BLVD. HALLANDALE FL 33009**
Mailing Address: **500 THREE ISLANDS BLVD. HALLANDALE FL 33009**

3. Date Incorporated or Qualified: **11/14/1973**
3a. Date of Last Report: **03/08/1995**
4. FEI Number: **59-1497116**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
FELIX, MANNEY
500 3 ISLAND BLVD
HALLANDALE FL 33009

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	ABRAMS, PATRICIA	
STREET ADDRESS	600 3 ISLAND BLVD	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HURWITZ, HYMAN	
STREET ADDRESS	600-3 ISLANDS BLVD.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHER, SYLVIA	
STREET ADDRESS	500-3 ISLANDS BLVD.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RAYMOND, RAY	
STREET ADDRESS	600 3 ISLAND BLVD	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUPERFINE, EARL	
STREET ADDRESS	500-3 ISLANDS BLVD	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MYER, KIRSNER	
STREET ADDRESS	600 3 ISLANDS BLVD	
CITY-ST-ZIP	HALLANDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VD SUPERFINE, EARL
5.3 STREET ADDRESS	500-3 ISLANDS BLVD
5.4 CITY-ST-ZIP	HALLANDALE, FL.
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TD HURWITZ, HYMAN
6.3 STREET ADDRESS	600-3 ISLANDS BLVD
6.4 CITY-ST-ZIP	HALLANDALE FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: **1/18/96** (954) 456-8886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

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the Olympus[®] association, inc.

A Condominium

500 Three Islands Boulevard • Hallandale, Florida 33009-2887 • Broward (305) 456-8886 • Miami (305) 944-2968

OLYMPUS ASSOCIATION INC

(effective March 15, 1996)

DIRECTORS

DIRECTORS AT LARGE

RAYMOND ACKERMAN

HYMAN HURWITZ

EARL SUPERFINE

RESIDENT DIRECTORS

BUILDING A

PATRICIA ABRAMS
SYLVIA FISHER

BUILDING B

LED HOROWITZ
MARTIN ODLEN

BUILDING C

ISIDOR ROTFELD
STUART SCHERLINE

OFFICERS

PRESIDENT	-	RAYMOND ACKERMAN
VICE PRESIDENT	-	EARL SUPERFINE
TREASURER	-	HYMAN HURWITZ
SECRETARY	-	PATRICIA ABRAMS
ASS'T SECRETARY	-	SYLVIA FISHER