

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

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90026 049 \*\*\*\*61.25



**DOCUMENT # 728015**  
 1. Entity Name  
**THE OLYMPUS ASSOCIATION, INC.**

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

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

**1st MOORE      CR2E037 (10/04)**

4. FEI Number      Applied For  
**59-1497116**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent  
**SKRLD, INC.**  
**ATTN: LISA LERNER**  
**201 ALHAMRA CIRCLE, SUITE 1102**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAMPERTI, VERONICA	
STREET ADDRESS	600 THRE ISLANDS BLVD	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	T	<input type="checkbox"/> Delete
NAME	HUBERMAN, ALAN	
STREET ADDRESS	600 THREE ISLANDS BLVD	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIEL, MORRIS	
STREET ADDRESS	500 THREE ISLANDS BLVD	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHNEIDER, GAIL	
STREET ADDRESS	500 THREE ISLANDS BLVD	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROBERT, LOEB	
STREET ADDRESS	600 THREE ISLANDS BLVD.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOODALL, TOBERTA	
STREET ADDRESS	2500 PARKVIEW DR	
CITY-ST-ZIP	HALLANDALE FL 33009	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goodall, ROBERTA	
STREET ADDRESS	2500 PARKVIEW DR	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MC DONOUGH, THOMAS	
STREET ADDRESS	600 THREE ISLANDS Blvd	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHERLINE, STUART	
STREET ADDRESS	2500 PARKVIEW DR	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARD, SUSAN	
STREET ADDRESS	500 THREE ISLANDS Blvd.	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAZQUEZ, FERNANDO	
STREET ADDRESS	2500 PARKVIEW DR	
CITY-ST-ZIP	HALLANDALE, FL. 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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: *Gail Schneider*      2/25/05      954-456-8886  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #