


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90109 025 \*\*\*\*61.25

<b>DOCUMENT # 728015</b>							
1. Entity Name <b>THE OLYMPUS ASSOCIATION, INC.</b>							
Principal Place of Business <b>500 THREE ISLANDS BLVD. HALLANDALE, FL 33009</b>			Mailing Address <b>500 THREE ISLANDS BLVD. HALLANDALE, FL 33009</b>				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <b>59-1497116</b>			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>HYMAN, MICHAEL L ESQ. HYMAN, KAPLAN, GANGUZZA, SPECTOR &amp; MARS 150 WEST FLAGLER ST., SUITE 2701 MIAMI, FL 33130</b>			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>							
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
				<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	S	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WARD, SUSAN		NAME	WARD, SUSAN			
STREET ADDRESS	500 THREE ISLAND BLVD		STREET ADDRESS	500 THREE ISLANDS BLVD.			
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE, FL 33009			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HUBERMAN, ALAN		NAME	SCHERHUE, STUART			
STREET ADDRESS	800 THREE ISLANDS BLVD		STREET ADDRESS	2500 PARKVIEW DR			
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE FL 33009			
TITLE	D	<input type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KIEL, MORRIS		NAME	FAIRCLOTH, EDWARD			
STREET ADDRESS	500 THREE ISLANDS BLVD		STREET ADDRESS	2500 PARKVIEW DR			
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE FL 33009			
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCHNEIDER, GAIL		NAME	GREENBURG, MYRNA			
STREET ADDRESS	500 THREE ISLANDS BLVD		STREET ADDRESS	600 THREE ISLANDS BLVD.			
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE, FL. 33009			
TITLE	T	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VAZQUEZ, FERNANDO		NAME	VAZQUEZ, FERNANDO			
STREET ADDRESS	2500 PARKVIEW DR		STREET ADDRESS	2500 PARKVIEW DR.			
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE, FL 33009			
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOODALL, ROBERTA		NAME				
STREET ADDRESS	2500 PARKVIEW DR		STREET ADDRESS				
CITY-ST-ZIP	HALLANDALE, FL 33005		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____			Date: <b>3-17-06</b>		Daytime Phone #: <b>954-486-8886</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							