
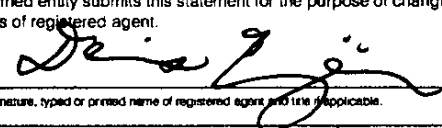
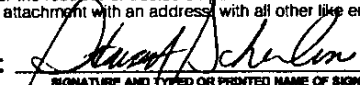


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90078 025 ****61.25

DOCUMENT # 728015					
1. Entity 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02272007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1497116	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HYMAN, MICHAEL L ESQ. HYMAN, KAPLAN, GANGUZZA, SPECTOR & MARS 150 WEST FLAGLER ST., SUITE 2701 MIAMI, FL 33130				Name DENNIS EISENGER ESQ Street Address (P.O. Box Number is Not Acceptable) EISENGER, BROWN, LEWIS & FRANKEL P.A PRESIDENTIAL CIRCLE # 265-S 4000 Hollywood Blvd City Hollywood FL Zip Code 33021	
8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE 3/13/07	
Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent signature required when reconstituting)				DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete		TITLE	D <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	VP	<input type="checkbox"/> Delete		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHERLINE, STUART			NAME	SCHERLINE, STUART
STREET ADDRESS	2500 PARKVIEW DR			STREET ADDRESS	2500 PARKVIEW DR
CITY-ST-ZIP	HALLANDALE, FL 33009			CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	D	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIEL, MORRIS			NAME	FORSTADT SALLY
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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHNEIDER, GAIL			NAME	NEILON, DON
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	D	<input type="checkbox"/> Delete		TITLE	VP <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	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODALL, ROBERTA			NAME	GOODALL, ROBERTA
STREET ADDRESS	2500 PARKVIEW DR			STREET ADDRESS	2500 PARKVIEW DR
CITY-ST-ZIP	HALLANDALE, FL 33005			CITY-ST-ZIP	HALLANDALE, FL 33005
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: 3/19/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE # 951-458-8886	

S
 Faircloth, Edward
 2500 PARKVIEW DR

CHANGE