

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728015

FILED
Feb 28, 2011
Secretary of State

Entity Name: THE OLYMPUS ASSOCIATION, INC.

Current Principal Place of Business:

500 THREE ISLANDS BLVD.
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

500 THREE ISLANDS BLVD.
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 59-1497116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EISENGER, DENNIS ESQ
EISENGER, BROWN, LEWIS & FRANKEL P.A
PRES. CIR #265-S 4000 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: KIEL, MORRIS D
Address: 500 THREE ISLAND BLVD
City-St-Zip: HALLANDALE, FL 33009

Title: VP
Name: SCHERLINE, STUART VP
Address: 2500 PARKVIEW DR
City-St-Zip: HALLANDALE, FL 33009

Title: D
Name: MOSKOWITZ, IRVING D
Address: 500 THREE ISLANDS BLVD.
City-St-Zip: HALLANDALE, FL 33009

Title: S
Name: COSTA, JOSEPH
Address: 600 THREE ISLANDS BLVD
City-St-Zip: HALLANDALE, FL 33009

Title: P
Name: CHIMBEROFF, HOWARD
Address: 2500 PARKVIEW DR
City-St-Zip: HALLANDALE, FL 33009

Title: T
Name: FARROW, WILLIAM
Address: 600 THREE ISLANDS BLVD
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALAN HUBERMAN

D

02/28/2011

Electronic Signature of Signing Officer or Director

_____ Date