
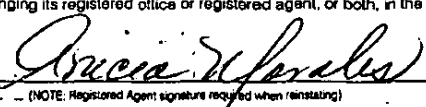



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-02-2004 90023 020 ****61.25

DOCUMENT # 742919					
1. Entity Name OLYMPIAN WEST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O FIDELITY PROPERTY MANAGEMENT 1722 S.W. 84 COURT MIAMI, FL 33155			Mailing Address C/O FIDELITY PROPERTY MANAGEMENT 1722 S.W. 84 COURT MIAMI, FL 33155		
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 59-2135254	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MORALES, ANICIA C/O FIDELITY PROPERTY MANAGEMENT 1722 S.W. 84 COURT MIAMI, FL 33155				Name <u>Same</u>	
				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 3-15-04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2004		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					
TITLE	P	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALFONSO, PAUL		NAME	Consuelo Suarez	
STREET ADDRESS	8540 S.W. 156 COURT, #200		STREET ADDRESS	8534 SW 156 Ct.	
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP	MIAMI - FL 33193	
TITLE	V	<input type="checkbox"/> Delete	TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, HAROLD		NAME	Nelson SUZ	
STREET ADDRESS	8586 S.W. 156 COURT, #122		STREET ADDRESS	8610 SW 156 Pl	
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP	MIAMI - FL 33193	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAVARES, ROBSON		NAME		
STREET ADDRESS	15632 S.W. 85 TERRACE, #220		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERON, DEBORA		NAME		
STREET ADDRESS	15637 S.W. 86 TERRACE, #305		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		Date 3-15-04		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66412139



03022004 Chg-NP CR2E037 (10/03)