

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
FILED

95 MAR -8 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746645 (1)
1. Corporation Name
OLIVE GLEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: 3102 NW. 3RD AVE. POMPANO BEACH FL 33064
Mailing Address: 3102 NW. 3RD AVE. POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/1979
3a. Date of Last Report: 05/17/1994

4. FEI Number: 59-1999509
Applied For: Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22, 27
City & State: 23, 28
Zip: 24, 25 Country: 29, 30

9. Name and Address of Current Registered Agent
KAYE, ROBERT L.
800 EAST CYPRESS CREEK ROAD
SUITE 400
FT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	READING, JOAN
STREET ADDRESS	1301 N RIVER REACH DRIVE 404
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	PERREAULT, GIGI
STREET ADDRESS	408 NW 30TH COURT #207
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	P
NAME	PRICE, JOHN W JR
STREET ADDRESS	3109 NW 2ND TERRACE #2
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	V
NAME	BANCROFT, JOHN S
STREET ADDRESS	2227 B S.W. 64 ST.
CITY-ST-ZIP	BOCA RATON FL
TITLE	T
NAME	PERREAULT, JEAN
STREET ADDRESS	408 NW 30 COURT #207
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	D
NAME	CASCARELLI, SAMUEL
STREET ADDRESS	3009 4TH AVE. #2
CITY-ST-ZIP	POMPANO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	NEWSUM, IVOR D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	3100 NW 4TH TERRACE #1	
1.3 STREET ADDRESS	POMPANO BEACH FL	
1.4 CITY-ST-ZIP		
2.1 TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Johnson Dale	
2.3 STREET ADDRESS	3002 NW 4TH AVENUE #3	
2.4 CITY-ST-ZIP	POMPANO BEACH FL	
3.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tisch, Joan	
3.3 STREET ADDRESS	408 NW 30 COURT #106	
3.4 CITY-ST-ZIP	POMPANO BEACH FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John W. Price, Jr Date: 3-1-95
 NAME OF SIGNING OFFICER OR DIRECTOR
 Daytime Phone #: 942-1664