

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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 N.W. 3RD AVE. POMPANO BEACH FL 33064
Mailing Address: 3102 N.W. 3RD AVE. POMPANO BEACH FL 33064

3. Date Incorporated or Qualified: **04/05/1979**
3a. Date of Last Report: **03/08/1995**
4. FEI Number: **59-1999509**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
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
Country: 25
29
Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAYE, ROBERT L.
800 EAST CYPRESS CREEK ROAD
SUITE 400
FT LAUDERDALE FL 33334

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEWSUM, IVOR	
STREET ADDRESS	3100 NW 4TH TERRACE #1	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERREAULT, GIGI	
STREET ADDRESS	408 NW 30TH COURT #207	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PRICE, JOHN W JR	
STREET ADDRESS	3109 NW 2ND TERRACE #2	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BANCROFT, JOHN S	
STREET ADDRESS	2227 B S.W. 64 ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PERREAULT, JEAN	
STREET ADDRESS	408 NW 30 COURT #207	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASCARELLI, SAMUEL	
STREET ADDRESS	3006 4TH AVE. #2	
CITY-ST-ZIP	POMPANO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	S Tisch, JOAN
1.3 STREET ADDRESS	408 N.W. 30 COURT #106
1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D READING, JOAN
2.3 STREET ADDRESS	1301 RIVER REACH DRIVE #404
2.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33315
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D MASON, WILLIAM
3.3 STREET ADDRESS	3156 NW 68 STREET
3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33309-1206
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D Johnson, Dale
4.3 STREET ADDRESS	3002 NW 4 AVE #3
4.4 CITY-ST-ZIP	Pompno Beach 33064
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 617, 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.* **John W. Price, Jr** **3-4-96** **954-942-1664**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)