

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33064-2904
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/05/1979	3a. Date of Last Report 04/02/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1999509		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	25. Country	29. Country		30. Country	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 **KAYE, ROBERT L.**
82 Street Address (P.O. Box Number is Not Acceptable) **6261 NW 62nd Way**
83 **Suite 103**
84 City **FT LAUDERDALE FL** **85 Zip Code** **33334**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> DELETE
NAME	TISCH, JOAN
STREET ADDRESS	408 NE 30 COURT #106
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	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address.

SIGNATURE _____

CR2E037 (9/96)