

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90288 012 ****61.25

DOCUMENT # 746645

1. Entity 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

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

59-1999509

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAYE, ROBERT L.
6261 NW 6TH WAY
STE 103
FT LAUDERDALE FL 33334

Name

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------|----------------------------|-------------------------|---------------------------------|
| D | READING, JOAN | 1301 RIVER REACH DR. # 404 | FT. LAUDERDALE FL 33315 | <input type="checkbox"/> |
| D | EDWIN, HUBBARD | 325 NE 7TH ST. | BOCA RATON FL 33432 | <input type="checkbox"/> |
| D | WOODS, NANCY | 304 NW 30TH CT. #208 | POMPANO BEACH FL 33064 | <input type="checkbox"/> |
| D | YOUNG, GERRY | 3002 NW 4TH TERR. # 1 | POMPANO BEACH FL 33064 | <input type="checkbox"/> |
| T | PERREAULT, JEAN | 408 NW 30 COURT #207 | POMPANO BEACH FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|--------------------|-----------------------|-------------------------|---------------------------------|--|
| P | Price, John W. JR. | 3109 NW 2 TERRACE # 2 | POMPANO BEACH, FL 33064 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D | GIGI PERREAULT | 408 NW 30 COURT #207 | POMPANO BEACH, FL 33064 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| S | Tisch, JOAN | 408 NW 30 COURT # 106 | POMPANO BEACH, FL 33064 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| VP | BANCROFT, John S. | 222 78 SW 1 64 AVE | BOCA RATON, FL 33428 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

JOHN W. PRICE, JR.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01

Date

954 942 1664

Daytime Phone #

CR2E037 (10/00)