


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90528 005 \*\*\*\*61.25

<b>DOCUMENT # 746645</b> 1. Entity Name <b>OLIVE GLEN CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>3102 N.W. 3RD AVE. POMPANO BEACH FL 33064</b>	Mailing Address <b>3102 N.W. 3RD AVE. POMPANO BEACH FL 33064</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



MOORE CR2E037 (11/03)

4. FEI Number <b>59-1999509</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**TIESO, ROBERT**  
**9900 WEST SAMPLE ROAD**  
**SUITE 400**  
**CORAL SPRINGS FL 33065**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Donald D. Clobes Pres.* DATE *4-22-2004*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>CLOBES, DONALD</b>	
STREET ADDRESS <b>610 SE 4TH AVENUE</b>	
CITY-ST-ZIP <b>POMPANO BEACH FL 33060</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>SINGH, ARDVIND</b>	
STREET ADDRESS <b>3980 SW 195TH TERRACE</b>	
CITY-ST-ZIP <b>MIRAMAR FL 33029</b>	
TITLE <b>ST</b>	<input type="checkbox"/> Delete
NAME <b>STEVENS, ALDA</b>	
STREET ADDRESS <b>531 N. OCEAN BLVD., #201</b>	
CITY-ST-ZIP <b>POMPANO BEACH FL 33062</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME <b>SAWHNEY, BILL</b>	
STREET ADDRESS <b>531 N. OCEAN BLVD. 201</b>	
CITY-ST-ZIP <b>POMPANO BEACH FL 33062</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>GAY, ANTOINE</b>	
STREET ADDRESS <b>6507 WINFIELD BLVD. C111</b>	
CITY-ST-ZIP <b>MARGATE FL 33063</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VAIDYA, RAVI</b>
STREET ADDRESS	<b>10288 NW 9th STREET CIRCLE</b>
CITY-ST-ZIP	<b>Miami, FL</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Donald D. Clobes Pres.* DATE: *4-22-2004*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #