

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746645

FILED
Apr 29, 2005
Secretary of State

Entity Name: OLIVE GLEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3102 N.W. 3RD AVE.
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

3102 N.W. 3RD AVE.
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 59-1999509 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT KAYES & ASSOCIATES, P.A.
6261 NW 6 WAY STE 103
FT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLOBES, DONALD
Address: 610 SE 4TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: VP () Delete
Name: SINGH, ARDVIND
Address: 3980 SW 195TH TERRACE
City-St-Zip: MIRAMAR, FL 33029

Title: ST () Delete
Name: STEVENS, ALDA
Address: 531 N. OCEAN BLVD., #201
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: VAIDYA, RAVI
Address: 10288 NW 9TH ST. CIR
City-St-Zip: MIAMI, FL

Title: D (X) Delete
Name: GAY, ANTOINE
Address: 6507 WINFIELD BLVD. C111
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ALLEN, MICHAEL
Address: 3109 NW 2ND TERRACE #3
City-St-Zip: POMPANO BEACH, FL 33064

Title: ST (X) Change () Addition
Name: CLOBES, KRISTINE
Address: 3103 NW 4TH AVENUE #1
City-St-Zip: POMPANO BEACH, FL 33064

Title: D (X) Change () Addition
Name: GAY, ANTOINE
Address: 6507 WINFIELD BLVD. C111
City-St-Zip: MARGATE, FL 33063

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTINE CLOBES

ST

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date