

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 16, 2007  
Secretary of State**

DOCUMENT# 746645

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: MILLER, ESTHER  
Address: 3004 N.W. 4TH AVENUE, #2  
City-St-Zip: POMPANO BEACH, FL 33064

Title: ST      ( ) Delete  
Name: CLOBES, KRISTINE  
Address: 2420 NE 8TH TERRACE  
City-St-Zip: POMPANO BEACH, FL 33064

Title: D      ( ) Delete  
Name: HOLSTRUM, RANDY  
Address: 201 NW 32ND COURT #206  
City-St-Zip: POMPANO BEACH, FL 33064

Title: D      ( ) Delete  
Name: VAIDYA, RAVI  
Address: 1083 SW 134TH COURT  
City-St-Zip: MIAMI, FL 33184

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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 Chapter 119, 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

04/16/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date