

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/8/2003-90319-002-\$61.25-\$61.25

000006

DOCUMENT # 746645
1. Entity Name
OLIVE GLEN CONDOMINIUM ASSOCIATION, INC.



FILED
03 SEP 24 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3102 N.W. 3RD AVE.
POMPANO BEACH FL 33064

Mailing Address
3102 N.W. 3RD AVE.
POMPANO BEACH FL 33064



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-1999509**
Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KAYE, ROBERT L
6261 NW 6TH WAY
STE 103
FT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent
Name **Robert Tieso**
Street Address (P.O. Box Number is Not Acceptable)
9900 West Sample Road
Suite 400
City **Coral Springs** FL Zip Code **33065**

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 *Robert J. Tieso* **Robert J. Tieso** **9/17/03**
(NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PRICE, JOHN W JR	
STREET ADDRESS	3109 NW 2 TERR #2	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERREULT, GIGI	
STREET ADDRESS	408 NE 30 COURT #207	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TISCH, JOAN	
STREET ADDRESS	408 NW 30TH COURT #106	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BANCROFT, JOHN S	
STREET ADDRESS	22278 SW 64TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PERREULT, JEAN	
STREET ADDRESS	408 NW 30 COURT #207	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	READING, JOAN	
STREET ADDRESS	1301 RIVER RD RD #404	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald Clobes	
STREET ADDRESS	610 SE 4th AVE	
CITY-ST-ZIP	Pompano Beach, FL 33060	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arvind Singh	
STREET ADDRESS	3980 SW 195th Terr.	
CITY-ST-ZIP	Miramar, FL 33029	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Aida Stevens	
STREET ADDRESS	531 N. Ocean Blvd. #201	
CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Sawhney	
STREET ADDRESS	531 N. Ocean Blvd. #201	
CITY-ST-ZIP	Pompano Beach FL 33062	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Antoine Gay	
STREET ADDRESS	6507 Winfield Blvd. #C111	
CITY-ST-ZIP	Margate, FL 33063	
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: *Aida Stevens* **Aida Stevens** **9-503 954-942**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 11664

CR2E037 (4/03)