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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757097 (1)

1. Corporation Name

OLIVELEAF CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

660 W LINTON BLVD #202
100 E LINTON BLVD 306B
DELRAY BCH. FL 33483
US

660 W. LINTON BLVD.
SUITE 220
DELRAY BEACH FL 33444-8148
US

3. Date Incorporated or Qualified
03/30/1981

3a. Date of Last Report
03/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-2088171

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOUVERT, D.F. ENTERPRIS I
660 W. LINTON, BLVD.
BOYNTON BEACH, FL
DELRAY BEACH FL 33444

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT DELETE
NAME SHERMAN, ROBERT
STREET ADDRESS 5190 LAS VERDES CIRCLE
CITY-ST-ZIP DELRAY BEACH FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DP DELETE
NAME FLISSER, SY
STREET ADDRESS 5190 LAS VERDES CR
CITY-ST-ZIP DELRAY BEACH FL

2.1 TITLE Change Addition
2.2 NAME DP Herbert Epstein
2.3 STREET ADDRESS 5190 Las Verdes Circle
2.4 CITY-ST-ZIP Delray Beach, FL 33484

TITLE DV DELETE
NAME GERENSON, NERYVN
STREET ADDRESS 5190 LAS VERDES CIRCLE
CITY-ST-ZIP DELRAY BEACH FL

3.1 TITLE Change Addition
3.2 NAME DV Angela Bricca
3.3 STREET ADDRESS 5190 Las Verdes Circle
3.4 CITY-ST-ZIP Delray Beach, FL 33484

TITLE DS DELETE
NAME NACHMAN, SYLVIA
STREET ADDRESS 5190 LAS VERDES CIRCLE
CITY-ST-ZIP DELRAY BEACH FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME D Sidney Austein
5.3 STREET ADDRESS 5190 Las Verdes Circle
5.4 CITY-ST-ZIP Delray Beach, FL 33484

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert Sherman ROBERT SHERMAN

1/23/97

(861) 499-8074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0043048

CR2E037 (9/96)