


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

Mailing Address: 660 W. LINTON BLVD. SUITE 220, DELRAY BEACH FL 33444, US

3. Date Incorporated or Qualified: 03/30/1981

4. FEI Number: 59-2088171

Applied For:  Not Applicable:

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT SHERMAN, ROBERT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5190 LAS VERDES CIRCLE	1.2 NAME	<i>Vladimer, Barney</i>
STREET ADDRESS	DELRAY BEACH FL	1.3 STREET ADDRESS	<i>5190 Las Verdes Cir.</i>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<i>Delray Beach, Fl.</i>
TITLE	DP EPSTEIN, HERBERT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5190 LAS VERDES CR	2.2 NAME	
STREET ADDRESS	DELRAY BEACH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DV BRIEZA, ANGELA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5190 LAS VERDES CIRCLE	3.2 NAME	
STREET ADDRESS	DELRAY BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DS NACHMAN, SYLVIA	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5190 LAS VERDES CIRCLE	4.2 NAME	<i>Edith</i>
STREET ADDRESS	DELRAY BEACH FL	4.3 STREET ADDRESS	<i>5190 Las Verdes Cir</i>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<i>Delray Beach, Fl.</i>
TITLE	D AUTSTEIN, SIDNEY	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5190 LAS VERDES CIRCLE	5.2 NAME	<i>Sidney</i>
STREET ADDRESS	DELRAY BEACH FL	5.3 STREET ADDRESS	<i>5190 Las Verdes Cir</i>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<i>Delray Beach, Fl.</i>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Barney Vladimer* *Edith Nachman* *Sidney Autstein* 1/30/98 561-499-1034

CR2E037 (10/97)