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Feb 27, 1999 8:00 am
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02-27-1999 90084 045 ****61.25

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 757097

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
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/30/1981	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-2088171	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25	26	30	31	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLADIMER, BARNEY	1.2 NAME	VLADIMER, BARNEY
STREET ADDRESS	5190 LAS VERDES CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPSTEIN, HERBERT	2.2 NAME	
STREET ADDRESS	5190 LAS VERDES CR	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIEIZA, ANGELA	3.2 NAME	
STREET ADDRESS	5190 LAS VERDES CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARN, EDITH	4.2 NAME	ANN CAMERA DS
STREET ADDRESS	5190 LAS VERDES CIR	4.3 STREET ADDRESS	5190 LAS VERDES CIR
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTSTEIN, SIDNEY	5.2 NAME	
STREET ADDRESS	5190 LAS VERDES CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: Herbert Epstein **RE Herbert Epstein** Herbert Epstein **RE Herbert Epstein**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **2/1/99** Daytime Phone #: **(561) 496-2083**

CR2E037 (11/98)