

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90046 035 ****61.25

DOCUMENT # 757097

1. Entity 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 33444-8167
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6401 Congress Avenue

6401 Congress Avenue

Suite, Apt. #, etc

Suite, Apt. #, etc

Suite 140

Suite 140

City & State
 Boca Raton, FL

City & State
 Boca Raton, FL

4. FEI Number

59-2088171

Applied For

Not Applicable

Zip
 33487

Country
 USA

Zip
 33487

Country
 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Karen Lippman

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

6401 Congress Avenue
 Suite 140

City
 Boca Raton

FL

Zip Code
 33487

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.

SIGNATURE

Karen Lippman

Feb 03/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input type="checkbox"/> Delete
NAME	VLADIMAR, BARNEY	
STREET ADDRESS	5190 LAS VERDES CIR	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	EPSTEIN, HERBERT	
STREET ADDRESS	5190 LAS VERDES CR	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	BRIEZA, ANGELA	
STREET ADDRESS	5190 LAS VERDES CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CAMERA, ANN	
STREET ADDRESS	5190 LAS VERDES CIR	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUTSTEIN, SIDNEY	
STREET ADDRESS	5190 LAS VERDES CIR	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herb Epstein	
STREET ADDRESS	5190 Las Verdes Circle # 207	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barney Vladimir	
STREET ADDRESS	5190 Las Verdes Circle # 305	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ann camera	
STREET ADDRESS	5190 Las Verdes Circle # 103	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sidney Gusten	
STREET ADDRESS	5190 Las Verdes Circle # 307	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Merv Berenson	
STREET ADDRESS	5190 Las Verdes Circle # 323	
CITY-ST-ZIP	Delray Beach, FL 33484	
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:

SIC Herbert Epstein, OUT Herbert Epstein

3/9/00

561-496-2083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)