

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90041 035 ****61.25

DOCUMENT # 757097

1. Entity Name
OLIVELEAF CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**6401 CONGRESS AVE
STE 140
BOCA RATON, FL 33487 US**

Mailing Address
**6401 CONGRESS AVE
STE 140
BOCA RATON, FL 33487 US**

24040866



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04022004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2088171

Applied For
Not Applicable

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

**LIPPMAN, KAREN
6401 CONGRESS AVE
STE 140
BOCA RATON, FL 33487**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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 ☐ Delete
NAME **TD**
STREET ADDRESS **VLADIMIR, BARNEY**
CITY-ST-ZIP **5190 LAS VERDES CIR
DELRAY BEACH, FL**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **EPSTEIN, HERBERT**
CITY-ST-ZIP **5190 LAS VERDES CR
DELRAY BEACH, FL**

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **BRIENZA, ANGELA**
CITY-ST-ZIP **5190 LAS VERDES CIR
DELRAY BEACH, FL 33484**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GUTSTEIN, SIDNEY**
CITY-ST-ZIP **5190 LAS VERDES CIR
DELRAY BEACH, FL 33484**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **BERENSEN, MERV**
CITY-ST-ZIP **5190 LAS VERDES CIR #323
DELRAY BEACH, FL 33484**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **TD**
STREET ADDRESS **Vladimir, Barney**
CITY-ST-ZIP **5190 Las Verdes Circle #305
Delray Beach, FL 33484**

TITLE ☒ Change ☐ Addition
NAME **PD**
STREET ADDRESS **Epstein, Herbert**
CITY-ST-ZIP **5190 Las Verdes Circle #207
Delray Beach, FL 33484**

TITLE ☐ Change ☒ Addition
NAME **S**
STREET ADDRESS **Cirillo, Linda**
CITY-ST-ZIP **5190 Las Verdes Circle #120
Delray Beach, FL 33484**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Gutstein, Sidney**
CITY-ST-ZIP **5190 Las Verdes Circle #307
Delray Beach, FL 33484**

TITLE ☒ Change ☐ Addition
NAME **VD**
STREET ADDRESS **Berensen, Merv**
CITY-ST-ZIP **5190 Las Verdes Circle #323
Delray Beach, FL 33484**

TITLE ☐ Change ☐ 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:

Herbert Epstein **Herbert Epstein**

4/14/04

561-496-2083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #