2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 757097 1. Entity Name OLIVELEAF CONDOMINIUM ASSOCIATION, INC.								04-1	3-2004	4 90041	035 *	***6	1.25	
6401 CONGRESS AVE 64 STE 140 ST			Mailing Address 6401 CONGRESS AVE STE 140 BOCA RATON, FL 33487 US							2404	086 	6 11 11		
2. Principal Pl	ace of Business	3. Mailing	Address	,						61611 61611 1				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04022004	Chg-NI	5	CR2E	37 (10/	(03)		
City & State	3	City 8	City & State				4. FEI Number 59-208	8171					olied For Applicable	
Zip	p Country		Zip C		Country		5. Certificate of Status Desired				\$8.75 Additional Fee Required			
	6. Name and Address of Curren	Registered .	Agent				7. Name and	Address	of New R	tegistered	Agent			
			•		Name									
LIPPMAN, KAREN 6401 CONGRESS AVE STE 140					Street Ad	dress (F	O. Box Numb	er is Not A	cceptable	e)				
	TON, FL 33487				ĺ									
				City					F	<u> </u>	Code			
	named entity submits this statement toons of registered agent.	or the purpos	e of changing its	register	ed office or	register	ed agent, or bo	th, in the S	tate of Fi	orida. Lan	n familiar	r with, a	and accept	
SIGNATURE .										0.75				
	Signature, typed or printed name of registered ager	nt and title if applica	ible. (NOTE	: Registere	d Agent signatur	re required	when reinstating)	•		DATE				
	Filing Fee is \$61.25 Due by May 1, 2004	and title if applica	9. Election Can Trust Fund C	npaign F	inancing	re required	\$5.00 May E Added to Fees			lake che				
10.	Filing Fee is \$61.25		9. Election Can	npaign F	inancing		\$5.00 May E		Floi	lake che rida Depa	ırtment	of Sta	ate	
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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: .

SIGNATURE AND TYPID OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/04 Date