


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90168 047 \*\*\*\*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**

BY: 5769



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04112007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**59-2088171**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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	P	<input type="checkbox"/> Delete
NAME	BERENSEN, MERVIN	
STREET ADDRESS	5190 LAS VERDES CIRCLE #323	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	T	<input type="checkbox"/> Delete
NAME	BERARDI, NICK	
STREET ADDRESS	5190 LAS VERDES CIRCLE #112	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LEEDS, LORI	
STREET ADDRESS	5190 LAS VERDES CIRCLE #216	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KELIEN MAN, SOLOMAN	
STREET ADDRESS	5190 LAS VERDES CIRCLE #202	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berenson, Mervin	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berardi, Nick	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Flisser, Seymour	
STREET ADDRESS	5190 Las Verdes Cir #210	
CITY-ST-ZIP	Delray Beach FL 33484	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rodriguez, Juan	
STREET ADDRESS	5190 Las Verdes Cir #207	
CITY-ST-ZIP	Delray Beach FL 33484	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 exemptions contained in Chapter 119, 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: Nicholas M. Berardi Date: 4/12/07 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICHOLAS M. BERARDI