NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 757097

1. Entity Name

Olive Leaf Condominium

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40105506

CR2E037B (5/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		4. FEI Number 59 2088171 — Applied For / Not Applicable
Zip	Country	Zip	Country

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

7. Name and Address of Current Registered Agent

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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

FEE IS $61.25 Initial or Amended AR	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	PD
NAME	BERARDI, NICK
STREET ADDRESS	5190 LAS VERDES CR #112
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	VPD
NAME	BELENSEN, MERVIN
STREET ADDRESS	5190 LAS VERDES CR #323
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	SD
NAME	KLEIMAN, SOLOMON
STREET ADDRESS	5190 LAS VERDES CR #202
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	TD.
NAME	BRENIZA, ANGELA
STREET ADDRESS	5190 LAS VERDES CR #313
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	D
NAME	RODRIGUEZ, JUAN
STREET ADDRESS	5190 LAS VERDES CR #217
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: X _Merv Berenson_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #