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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764894

1. Corporation Name

OLSEN HOTEL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

7300 OCEAN TERRACE
MIAMI BEACH FL 33141

Mailing Address

% J&H MANAGEMENT
275 FOUNTAINBLEAU BLVD. #200
MIAMI FL 33172

% J&H M



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**TUDZAROV & GREENBERG
345 WEST OAKLAND PARK BLVD
FT. LAUDERDALE FL 33311**

3. Date Incorporated or Qualified

10/06/1982

4. FEI Number

59-2420768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **CHEHBAR, GABRIEL**
STREET ADDRESS **7300 OCEAN TERRACE**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **VD** ☐ DELETE

NAME **CRAYTON, GARY**
STREET ADDRESS **7300 OCEAN TERRACE**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **SD** ☒ DELETE

NAME **CHEHEBAR, ROSY**
STREET ADDRESS **7300 OCEAN TERRACE**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **T** ☒ DELETE

NAME **ARDURA, GEORGE**
STREET ADDRESS **7300 OCEAN TERRACE**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME **ARDURA, GEORGE**
STREET ADDRESS **7300 OCEAN DR. #213**
CITY-ST-ZIP **MIAMI BEACH, FL. 33141**

2.1 TITLE ☒ Change ☐ Addition

NAME **MOYA, ELIGIO**
STREET ADDRESS **7300 OCEAN TERRACE #212**
CITY-ST-ZIP **MIAMI BEACH, FL. 33141**

3.1 TITLE ☒ Change ☐ Addition

NAME **CRAYTON, GARY**
STREET ADDRESS **7300 OCEAN TERR. #202**
CITY-ST-ZIP **MIAMI BEACH, FL. 33141**

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, upon an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

0034001

CR2E037-(1/198)