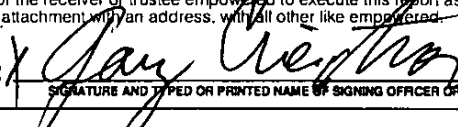


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90127 030 ****61.25

DOCUMENT # 764894 1. Entity Name OLSEN HOTEL CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7300 OCEAN TERRACE MIAMI BEACH, FL 33141			Mailing Address 4865 NW 4 STREET MIAMI, FL 33126-2121		
2. Principal Place of Business		3. Mailing Address 401 SW 47 AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 105			
City & State		City & State DAVIE, FL.			
Zip	Country	Zip 33314	Country Broward	4. FEI Number 59-2420768	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERT MANAGEMENT CO. INC. 1840 NE 153 ST. MIAMI, FL 33162			7. Name and Address of New Registered Agent Name Roberts Management Co. Inc. Street Address (P.O. Box Number is Not Acceptable) 401 SW 47 AVE 105 City DAVIE FL Zip Code 33314		
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)					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDST QUINTERO, ALFREDO ☒ Delete 4865 NW 4 STREET MIAMI, FL 331262121		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CRAYTON, GARY L ☐ Delete 301 N BEAURE GARD ST #107 ALEXANDRIA, VA 223122908		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALKER, DOUG ☒ Delete 7300 OCEAN TERRACE #310 MIAMI BEACH, FL 33141		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

50051671



02212005 Chg-NP CR2E037 (10/03)