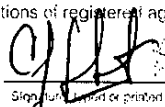
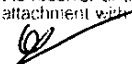


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90041 026 ****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 4101 SW 47 AVE 105 DAVIE FL 33314 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 900 W. 49 ST. 220			
City & State Hialeah, FL		City & State Hialeah, FL		4. FEI Number 59-2420768	
Zip 33012		Country U.S.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERT MANAGEMENT SERVICES, INC. 900 W. 49 ST. SUITE 220 HIALEAH, FL 33012			7. Name and Address of New Registered Agent Name: Tower Management Services, Inc. Street Address (P.O. Box Number is Not Acceptable): 900 W. 49 ST. Suite 220 City: Hialeah FL Zip Code: 33012		
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 of individual or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is not used when constituting) 3/10/2008 DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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	P CRAYTON, GARY PO BOX 3968 OCEAN CITY MD 21843	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  3/10/08		