

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007291

FILED  
Apr 12, 2012  
Secretary of State

**Entity Name:** OLIVERA AT MIRASOL PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486

**New Mailing Address:**

**FEI Number:** 65-1146542      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ISAACSON, WILLIAM AGENT  
C/O LANG MANAGEMENT  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WEINGARTEN, ALLAN  
Address: 136 OLIVERA WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: T  
Name: LIPTZ, SHELDON  
Address: 135 OLIVERA WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D  
Name: ALPER, TINA  
Address: 116 OLIVERA WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: S  
Name: KAVASMANECK, ABAN  
Address: 134 OLIVERA WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP  
Name: KRASKER, GERALD  
Address: 125 OLIVERA WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHELDON LIPTZ

T

04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date