

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002728

FILED  
Apr 08, 2008  
Secretary of State

**Entity Name:** OLEANDER HOUSE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

406 SW 22 AVENUE  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

216 SW 12 AVENUE  
MIAMI, FL 33130

**New Mailing Address:**

PO BOX 351210  
MIAMI, FL 33135

**FEI Number:** 26-1198900

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FIGUEROA, JUAN  
216 SW 12 AVENUE  
MIAMI, FL 33130 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: PD ( ) Delete  
Name: MEMUN, ABRAHAM  
Address: 216 SW 12 AVENUE  
City-St-Zip: MIAMI, FL 33130

Title: VTD ( ) Delete  
Name: ALFIE, MOISES  
Address: 216 SW 12 AVENUE  
City-St-Zip: MIAMI, FL 33130

Title: SD (X) Delete  
Name: SALAME, SIMONE  
Address: 216 SW 12 AVENUE  
City-St-Zip: MIAMI, FL 33130

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MEMUN, ABRAHAM  
Address: PO BOX 351210  
City-St-Zip: MIAMI, FL 33135

Title: SD (X) Change ( ) Addition  
Name: SALAME, SIMON  
Address: PO BOX 351210  
City-St-Zip: MIAMI, FL 33135

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ABRAHAM MEMUN

PD

04/08/2008

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

\_\_\_\_\_  
Date