


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000048256 (9)**

1. Corporation Name  
**OLEN COMMUNITIES, INC.**



Principal Place of Business 2702 NE 30TH AVE. LIGHTHOUSE POINT FL 33064	Mailing Address 7 CORPORATE PLAZA NEWPORT BEACH CA 92660
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/28/1994</b>	4. FEI Number <b>65-0500791</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 <b>729 Sanctuary Cove Drive</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>North Palm Beach, FL</b>	City & State 28
Zip 24 <b>33410</b>	Country 25 <b>USA</b>
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**HANSEN, MARK M**  
**11211 S. MILITARY TRAIL**  
**BOYNTON BEACH FL 33436**

10. Name and Address of New Registered Agent

81 Name  
**Hansen, Mark M.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1062 Coral Ridge Drive**

83

84 City  
**Coral Springs**

85 Zip Code  
**FL 33071**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>OLENICOFF, IGOR</b>
STREET ADDRESS	<b>2702 NE 30TH AVE.</b>
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>BULLINGTON, JEANETTE C.</b>
STREET ADDRESS	<b>2702 NE 30TH AVENUE</b>
CITY-ST-ZIP	<b>LIGHTHOUSE POINT VL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Olenicoff, Igor M.</b>
1.3 STREET ADDRESS	<b>729 Sanctuary Cove Drive</b>
1.4 CITY-ST-ZIP	<b>North Palm Beach, CA 33410</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<b>ST</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Bullington, Jeanette C.</b>
2.3 STREET ADDRESS	<b>729 Sanctuary Cove Drive</b>
2.4 CITY-ST-ZIP	<b>North Palm Beach, FL 33410</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in an attachment with my address.

**SIGNATURE: \_\_\_\_\_ REQUIRED** January 15, 1998 (714) 644-6536

CR2E034 (10/97)