


AMENDED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 20 AM 8:00

AMENDED
2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000048256			
1. Entity Name OLEN COMMUNITIES, INC.			
Principal Place of Business 1062 CORAL RIDGE DR CORAL SPRING, FL 33071 US		Mailing Address 7 CORPORATE PLAZA NEWPORT BEACH, CA 92660	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0500791		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANSEN, MARK M 1062 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name Igor M. Olenicoff Street Address (P.O. Box Number is Not Acceptable) 1062 Coral Ridge Drive City Coral Springs FL Zip Code 33071	
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: IGOR M. OLENICOFF DATE: 8-11-03 <small>Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered agent must be a resident of the state.)</small>			
FILE NOW WITH FEE IS \$160.00 After May 11, 2003 Fee will be \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLENICOFF, IGOR 1062 CORAL RIDGE DR CORAL SPRING, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OLENICOFF, IGOR M 1062 CORAL RIDGE DR CORAL SPRING, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000022442830 08/20/03-01018-003 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Andrei Olenicoff 1062 Coral Ridge Drive Coral Springs, FL 33071 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 and obliged to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with my title, like employee.			
SIGNATURE: IGOR M. OLENICOFF, PRESIDENT		8-11-03 (949) 719-7212	



CHECK HERE IF MAKING CHANGES

MRS

000022442830
08/20/03-01018-003