2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State
03-12-2004 90008 020 ****61.25

DOCUMENT # 728015

1. Entity Name

THE OLYMPUS ASSOCIATION, INC.

54017381

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
500 THREE ISLANDS BLVD. HALLANDALE FL 33009	500 THREE ISLANDS BLVD. HALLANDALE FL 33009

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 59-1497116 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SKRLD, INC. ATTN: LISA LERNER 201 ALHAMRA CIRCLE, SUITE 1102 CORAL GABLES FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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	D ABRAMS, PATRICIA 500 THREE ISLANDS BLVD HALLANDALE FL 33009	☒ Delete	D VERONICA LAMPERTI 600 THREE ISLANDS Blvd. HALLANDALE, FL. 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLUMBERG, HERBERT 2500 PARKVIEW DR HALLANDALE FL 33009	☐ Delete	TREASURER AIAN HUBERMAN 600 THREE ISLANDS Blvd. HALLANDALE, FL. 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHERLINE, STAURT 2500 PARKVIEW DR HALLANDALE FL 33009	☒ Delete	PRESIDENT GAIL SCHNEIDER 500 THREE ISLANDS Blvd. HALLANDALE, FL 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCHNEIDER, GAIL 500 THREE ISLANDS BLVD HALLANDALE FL 33009	☒ Delete	D MORRIS KIEL 500 THREE ISLANDS Blvd HALLANDALE, FL. 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERT, LOEB 600 THREE ISLANDS BLVD. HALLANDALE FL 33009	☒ Delete	VICE PRESIDENT ROBERT LOEB 600 THREE ISLANDS BLVD. HALLANDALE, FL. 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BORGENIGHT, DAVID 2500 PARKVIEW DR HALLANDALE FL 33009	☒ Delete	ROBERTA GOODALL SECRETARY 2500 PARKVIEW DR HALLANDALE, FL. 33009	☒ Change ☐ 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 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: Steve Schneider 3-1-04 954-456-8886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #