

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90037 044 ****61.25

DOCUMENT # 742919 1. Entity Name OLYMPIAN WEST CONDOMINIUM ASSOCIATION, INC.																																																																																																											
Principal Place of Business C/O FIDELITY PROPERTY MANAGEMENT 1722 S.W. 84 COURT MIAMI, FL 33155		Mailing Address 8612 SW 156 PLACE #326 MIAMI, FL 33193																																																																																																									
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 15190 S.W. 136 St Suite, Apt. #, etc. 18																																																																																																									
City & State		City & State MIAMI, FL																																																																																																									
Zip	Country	Zip 33196	Country DADE																																																																																																								
4. FEI Number 59-2135254		Applied For ☐ Not Applicable																																																																																																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																																																																																									
6. Name and Address of Current Registered Agent GONZALEZ, JUAN R 8612 SW 156 PLACE #326 MIAMI, FL 33193		7. Name and Address of New Registered Agent Name Empress Property Management Street Address (P.O. Box Number is Not Acceptable) 15190 S.W. 136 St, Ste B City MIAMI FL Zip Code 33196																																																																																																									
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 Oliver L. Upkonek DATE 3/14/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)																																																																																																											
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																									
Make check payable to Florida Department of State																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 25%;">TITLE</td> <td style="width: 75%;">Delete</td> <td style="width: 25%;">TITLE</td> <td style="width: 75%;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>DP</td> <td>☒ Delete</td> <td>President</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>SALVERREDY, AUGUSTO A</td> <td></td> <td>Caridad Valverde</td> <td></td> </tr> <tr> <td>8610 SW 156 PLACE #327</td> <td></td> <td>8555 SW 156 Ct.</td> <td></td> </tr> <tr> <td>MIAMI, FL 33193</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DT</td> <td>☒ Delete</td> <td>Vice President</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>GONZALEZ, JUAN R</td> <td></td> <td>Gustaro Arocha</td> <td></td> </tr> <tr> <td>8612 SW 156 PLACE #326</td> <td></td> <td>15601 SW 85 Terr</td> <td></td> </tr> <tr> <td>MIAMI, FL 33193</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DVP</td> <td>☒ Delete</td> <td>Treasurer</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>ROBSON, TAVARES</td> <td></td> <td>Oscar Jimenez</td> <td></td> </tr> <tr> <td>15653 SW 85TH TERRACE #220</td> <td></td> <td>15649 SW 85 Terr.</td> <td></td> </tr> <tr> <td>MIAMI, FL 33193</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DS</td> <td>☒ Delete</td> <td>Director</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>LUCIA, LACAYO</td> <td></td> <td>Lucio M. Amandi</td> <td></td> </tr> <tr> <td>15669 SW 85TH TERRACE #223</td> <td></td> <td>15657 SW 85 Terr.</td> <td></td> </tr> <tr> <td>MIAMI, FL 33193</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>☐ Delete</td> <td>Secretary</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td></td> <td></td> <td>Sylvia Brigas</td> <td></td> </tr> <tr> <td></td> <td></td> <td>15737 SW 86 Terr.</td> <td></td> </tr> <tr> <td></td> <td>☐ Delete</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		TITLE	Delete	TITLE	Change Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		DP	☒ Delete	President	☐ Change ☒ Addition	SALVERREDY, AUGUSTO A		Caridad Valverde		8610 SW 156 PLACE #327		8555 SW 156 Ct.		MIAMI, FL 33193				DT	☒ Delete	Vice President	☐ Change ☒ Addition	GONZALEZ, JUAN R		Gustaro Arocha		8612 SW 156 PLACE #326		15601 SW 85 Terr		MIAMI, FL 33193				DVP	☒ Delete	Treasurer	☐ Change ☒ Addition	ROBSON, TAVARES		Oscar Jimenez		15653 SW 85TH TERRACE #220		15649 SW 85 Terr.		MIAMI, FL 33193				DS	☒ Delete	Director	☐ Change ☒ Addition	LUCIA, LACAYO		Lucio M. Amandi		15669 SW 85TH TERRACE #223		15657 SW 85 Terr.		MIAMI, FL 33193					☐ Delete	Secretary	☐ Change ☒ Addition			Sylvia Brigas				15737 SW 86 Terr.			☐ Delete		☐ Change ☐ Addition				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 to this address, with all other like empowered.																																																																																																											
SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/14/08 Daytime Phone # 786 388-0257																																																																																																									