

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728015

**Entity Name:** THE OLYMPUS ASSOCIATION, INC.

**Current Principal Place of Business:**

500 THREE ISLANDS BLVD.  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

500 THREE ISLANDS BLVD.  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 59-1497116

**Certificate of Status Desired:** No

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

BENDER, MICHAEL S  
KAYE BENDER REMBAUM  
1200 PARK CENTRAL BOULEVARD SOUTH  
POMPAÑO BEACH, FL 33064 US

*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:** MICHAEL S BENDER

04/24/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           BELMONTI, BRIAN  
Address        500 THREE ISLANDS BLVD  
City-State-Zip: HALLANDALE FL 33009

Title           VP  
Name           ARONSON, DAVID  
Address        500 THREE ISLANDS BLVD  
City-State-Zip: HALLANDALE BEACH FL 33009

Title           DIRECTOR  
Name           KIRILYUK, KIRILL  
Address        500 THREE ISLANDS BLVD.  
City-State-Zip: HALLANDALE BEACH FL 33009

Title           DIRECTOR  
Name           PINTO, DONATO  
Address        500 THREE ISLANDS BLVD.  
City-State-Zip: HALLANDALE BEACH FL 33009

Title           SECRETARY  
Name           MOSKOWITZ, IRVING  
Address        500 THREE ISLANDS BLVD.  
City-State-Zip: HALLANDALE BEACH FL 33009

Title           TREASURER  
Name           DAVIS , RICHARD  
Address        500 THREE ISLANDS BLVD.  
City-State-Zip: HALLANDALE BEACH FL 33009

Title           DIRECTOR  
Name           BENNET, EFTIHIA  
Address        500 THREE ISLANDS BLVD.  
City-State-Zip: HALLANDALE BEACH FL 33009

Title           DIRECTOR  
Name           VAYNSHTEYN, VIKTOR  
Address        500 THREE ISLANDS BLVD  
City-State-Zip: HALLANDALE FL 33009

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*I hereby 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 all other like empowered.*

**SIGNATURE:** BRIAN BELMONTI

PRESIDENT

04/24/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           FAKTOROVICH, FELIX  
Address        500 THREE ISLANDS BLVD  
City-State-Zip: HALLANDALE FL 33009