

**2015 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**FEI Number:** 59-1497116**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P.A.  
625 N FLAGLER DR 7TH FL  
W PALM BEACH, FL 33401 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE VICE PRESIDNET  
Name SCHERLINE, STUART VP  
Address 2500 PARKVIEW DR  
City-State-Zip: HALLANDALE FL 33009

Title VICE PRESIDENT OF OPERATIONS  
Name JOHN, NEBLETT  
Address 500 THREE ISLANDS BLVD.  
City-State-Zip: HALLANDALE BEACH FL 33009

Title SENIOR VICEPRESIDENT AND SECRETARY  
Name HUBERMAN, ALAN  
Address 600 THREE ISLANDS BLVD  
City-State-Zip: HALLANDALE FL 33009

Title VICE PRESIDENT OF FINANCE & TREASURER  
Name LAWNER, SOL  
Address 600 THREE ISLANDS  
City-State-Zip: HALLANDALE FL 33009

Title PRESIDENT  
Name FARROW, WILLIAM  
Address 600 THREE ISLANDS BLVD  
City-State-Zip: HALLANDALE FL 33009

Title VICE PRESIDENT OF SPECIALS PROJECTS  
Name AVANIAM, FELIX  
Address 2500 PARKVIEW DR  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name ATLAS, VICKI  
Address 600 THREE ISLANDS BLVD.  
City-State-Zip: HALLANDALE FL 33009

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

**Continues on page 2**

*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: ALAN HUBERMAN****SECRETARY****02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	AST, AARON
Address	2500 PARKVIEW DR 1514
City-State-Zip:	HALLANDALE FL 33009