

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757097

**Entity Name:** OLIVELEAF CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5190 LAS VERDES CR.  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

817 GEORGE BUSH BLVD.  
DELRAY BEACH, FL 33483 US

**FEI Number:** 59-2088171

**Certificate of Status Desired:** No

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

M. J. GALLUP ACCOUNTING  
817 GEORGE BUSH BLVD.  
DELRAY BEACH, FL 33483 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 D  
Name KLEIMAN, SOL  
Address 5190 LAS VERDES CIRCLE #202  
City-State-Zip: DELRAY BEACH FL 33484

Title PD  
Name BERARDI, NICK  
Address 5190 LAS VERDES CIRCLE #112  
City-State-Zip: DELRAY BEACH FL 33484

Title TD  
Name SCHWARTZ, HARVEY  
Address 5190 LAS VERDES CIRCLE #221  
City-State-Zip: DELRAY BEACH FL 33484

Title VPD  
Name CARVAJAL, BLANCA  
Address 5190 LAS VERDES CR., #212  
City-State-Zip: DELRAY BEACH FL 33484

Title D  
Name KLEIMAN, SOLOMON  
Address 5190 LAS VERDES CR., #202  
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR  
Name CLAUDIO, ALFREDO  
Address 5190 LAS VERDES CR. #102  
City-State-Zip: DELRAY BEACH FL 33484

*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:** NICK BERARDI

**PRESIDENT**

**02/13/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date