

**2016 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:**

100 E. LINTON BLVD., #406B  
DELRAY BEACH, FL 33483 US

**FEI Number:** 59-2088171

**Certificate of Status Desired:** No

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

GALLUP ACCOUNTING  
100 E. LINTON BLVD., #406B  
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:** DIANA HURLEY

02/16/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title VPD  
Name ROBBINS, WILLIAM  
Address 5190 LAS VERDES CR., #115  
City-State-Zip: DELRAY BEACH FL 33484

Title D  
Name FILLMAN, CATHY  
Address 5190 LAS VERDES CR., #224  
City-State-Zip: DELRAY BEACH FL 33484

Title TREASURER  
Name DELANEY, PATRICIA  
Address 5190 LAS VERDES CR. #304  
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:** HARVEY SCHWARTZ

PRESIDENT

02/16/2016

Electronic Signature of Signing Officer/Director Detail

Date