

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757097

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

**FILED**  
**Feb 20, 2019**  
**Secretary of State**  
**3978568182CC**

**Current Principal Place of Business:**

1489 WEST PALMETTO PARK ROAD  
SUITE 505  
BOCA RATON, FL 33486

**Current Mailing Address:**

1489 WEST PALMETTO PARK ROAD  
SUITE 505  
BOCA RATON, FL 33486 US

**FEI Number: 59-2088171**

**Certificate of Status Desired: No**

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

KAYE BENDER REMBAUM  
1200 PARK CENTRAL BOULEVARD SOUTH  
POMPANO 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**

**02/20/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SCHWARTZ, HARVEY  
Address        1489 WEST PALMETTO PARK ROAD  
                 SUITE 505  
City-State-Zip: BOCA RATON FL 33486

Title            VP  
Name            CLAUDIO, FRED  
Address        1489 WEST PALMETTO PARK ROAD  
                 SUITE 505  
City-State-Zip: BOCA RATON FL 33486

Title            TREASURER  
Name            DELANEY, PATRICIA  
Address        1489 WEST PALMETTO PARK ROAD  
                 SUITE 505  
City-State-Zip: BOCA RATON FL 33486

Title            DIRECTOR  
Name            LEEDS, LORI  
Address        1489 WEST PALMETTO PARK ROAD  
                 SUITE 505  
City-State-Zip: BOCA RATON FL 33486

Title            DIRECTOR  
Name            CASTORE, LEONARD  
Address        1489 WEST PALMETTO PARK ROAD  
                 SUITE 505  
City-State-Zip: BOCA RATON FL 33486

*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**

**02/20/2019**

Electronic Signature of Signing Officer/Director Detail

Date