## 2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000082941

Entity Name: OLYMPUS EXECUTIVE REALTY INC.

## **Current Principal Place of Business:**

16903 LAKESIDE DRIVE SUITE 6 MONTVERDE, FL 34756

# **Current Mailing Address:**

16903 LAKESIDE DRIVE, SUITE 6 PO BOX 560343 MONTVERDE, FL 34756 US

## FEI Number: 82-3092687

## Name and Address of Current Registered Agent:

HOLCOMB, MICHELLE L 16903 LAKESIDE DRIVE SUITE 6 MONTVERDE, FL 34756 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

#### **Officer/Director Detail :**

| Title           | Р  | Title           | VP                           |
|-----------------|--|-----------------|------------------------------|
| Name            | HOLCOMB, MICHELLE L                        | Name            | PACHECO, VICTOR              |
| Address         | 16903 LAKESIDE DRIVE SUITE 6               | Address         | 16903 LAKESIDE DRIVE SUITE 6 |
| City-State-Zip: | MONTVERDE FL 34756                         | City-State-Zip: | MONTVERDE FL 34756           |
|                 |  |                 |                              |
|                 |  |                 |                              |
| Title           | D  | Title           | MGRM                         |
| Title<br>Name   | D<br>JOYEUX, MICHELLE M                    | Title<br>Name   | MGRM<br>BIGIO, MELANIE       |
|                 | JOYEUX, MICHELLE M<br>16903 LAKESIDE DRIVE |                 |                              |
| Name            | JOYEUX, MICHELLE M                         | Name            | BIGIO, MELANIE               |

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

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### SIGNATURE: MICHELLE HOLCOMB

Electronic Signature of Signing Officer/Director Detail

FILED Mar 03, 2021 Secretary of State 2513701636CC

Certificate of Status Desired: No

Date