


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90098 036 ****61.25

DOCUMENT # 743179					
1. Entity Name OLYMPUS VILLAGE, INC.					
Principal Place of Business ASSOCIATED PROPERTY MGMT 1298 LAKE WORTH RD. LAKE WORTH, FL 33461			Mailing Address ASSOCIATED PROPERTY MGMT 1298 LAKE WORTH RD. LAKE WORTH, FL 33461 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1702623	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LADWIG, PATTI H. P.A. 12765 W FOREST HILL BLVD SUITE 1312 WELLINGTON, FL 33414			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	NAGEL, BARBARA	NAME	RIVERS, MICHAEL		
STREET ADDRESS	5917 VIA VERMILYA # 105B	STREET ADDRESS	5981 VIA VERMILYA #402A		
CITY-ST-ZIP	LAKE WORTH, FL 33462	CITY-ST-ZIP	LANTANA, FL 33462		
TITLE	SD <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HURENECE, EDWARD	NAME	JEWETT, WILLIAM		
STREET ADDRESS	5981 VIA VERMILYA # 402A	STREET ADDRESS	5981 VIA VERMILYA # 404A		
CITY-ST-ZIP	LANTANA, FL 33462	CITY-ST-ZIP	LANTANA, FL 33462		
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JEWETT, WILLIAM	NAME	CACCIOLA, COSIMO		
STREET ADDRESS	5981 VIA VERMILYA 404 A	STREET ADDRESS	307 E. PALM ST.		
CITY-ST-ZIP	LANTANA, FL 33462	CITY-ST-ZIP	LANTANA, FL 33462		
TITLE	TD <input type="checkbox"/> Delete	TITLE			
NAME	JEWETT, KAREN	NAME			
STREET ADDRESS	5981 VIA VERMILYA # 404A	STREET ADDRESS			
CITY-ST-ZIP	LANTANA, FL 33462	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	SCHMID, SHONNA M	NAME			
STREET ADDRESS	5981 VIA VERMILYA 202A	STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33462	CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>B.A. Nagel</i>		4/4/07		561-969-0930	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	