


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90033 008 \*\*\*\*61.25

|  |                          |  |   |   |  |
|--|--------------------------|--|---|---|--|
| DOCUMENT # 743179  |                          |  |   |  |  |
| 1. Entity Name<br>OLYMPUS VILLAGE, INC.  |                          |  |   |   |  |
| Principal Place of Business<br>ASSOCIATED PROPERTY MGMT<br>1298 LAKE WORTH RD.<br>LAKE WORTH, FL 33461   |                          |  | Mailing Address<br>ASSOCIATED PROPERTY MGMT<br>1298 LAKE WORTH RD.<br>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   |   |   |  |
| Zip  | Country                  | Zip  | Country   | 03262008 Chg-NP CR2E037 (12/06)   |  |
| 4. FEI Number<br>59-1702623  |                          |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |  |
| 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.<br>12765 W FOREST HILL BLVD<br>SUITE 1312<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                          |  |   |   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b>  |                          | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
|  |                          | 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   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | NAGEL, BARBARA           |  | NAME  | CACCIOLA, COSMO   |  |
| STREET ADDRESS   | 5917 VIA VERMILYA # 105B |  | STREET ADDRESS  | 207 E. PALM ST.   |  |
| CITY-ST-ZIP  | LAKE WORTH, FL 33462     |  | CITY-ST-ZIP   | LANTANA, FL 33462   |  |
| TITLE  | SD                       | <input type="checkbox"/> Delete  | TITLE   | SD  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | HURENECE, EDWARD         |  | NAME  | HUPENECE, EDWARD  |  |
| STREET ADDRESS   | 5981 VIA VERMILYA # 402A |  | STREET ADDRESS  | 5781 VIA VERMILYA #402A   |  |
| CITY-ST-ZIP  | LANTANA, FL 33462        |  | CITY-ST-ZIP   | LANTANA, FL 33462   |  |
| TITLE  | D                        | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | JEWETT, WILLIAM          |  | NAME  |   |  |
| STREET ADDRESS   | 5981 VIA VERMILYA 404 A  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | LANTANA, FL 33462        |  | CITY-ST-ZIP   |   |  |
| TITLE  | TD                       | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | SCHMID, SHONNA M         |  | NAME  |   |  |
| STREET ADDRESS   | 5981 VIA VERMILYA 202A   |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | LAKE WORTH, FL 33462     |  | CITY-ST-ZIP   |   |  |
| TITLE  | VD                       | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | RIVERS, MICHAEL          |  | NAME  |   |  |
| STREET ADDRESS   | 5981 VIA VERMILYA #402 A |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | LAKE WORTH, FL 33462     |  | 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>Barbara Nagel</i>  |                          |  | Date: 3/8/08  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                          |  | Daytime Phone #   |   |  |