FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1995 MAR 22 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **757097** **(1)**

1. Corporation Name

OLIVELEAF CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
660 W LINTON BLVD #202 ~~100 E LINTON BLVD. 306B~~ ~~DELRAY BCH. FL 33483~~ US	660 W. LINTON BLVD. SUITE 220 DELRAY BEACH FL 33444 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/1981
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-2088171 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 33484 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GOUVERT, D.F. ENTERPRIS I
,660 W. LINTON, BLVD.
~~BOYNTON BEACH, FL~~
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~T~~	11 TITLE	DP	☒ Change ☐ Addition
NAME	~~SELMAN, PHIL~~	12 NAME	BARNEY VLADIMER	
STREET ADDRESS	~~5190 LAS VERDES CR~~	13 STREET ADDRESS	5190 LAS VERDES CIRCLE	
CITY-ST-ZIP	~~DELRAY BCH, FL 00000~~	14 CITY ST ZIP	DELRAY BEACH FL	
TITLE	~~VP~~	21 TITLE	DV	☒ Change ☐ Addition
NAME	~~BARNEY, VLADIMER~~	22 NAME	SY FLISSER	
STREET ADDRESS	~~5190 LAS VERDES CIR~~	23 STREET ADDRESS	5190 LAS VERDES CIRCLE	
CITY-ST-ZIP	~~DELRAY BCH, FL 00000~~	24 CITY ST ZIP	DELRAY BEACH FL	
TITLE	~~S~~	31 TITLE	DT	☒ Change ☐ Addition
NAME	~~NACHMAN, SYLVIA~~	32 NAME	PHIL SELMAN	
STREET ADDRESS	~~5190 LAS VERDES CIR~~	33 STREET ADDRESS	5190 LAS VERDES CIRCLE	
CITY-ST-ZIP	~~DELRAY BEACH FL~~	34 CITY ST ZIP	DELRAY BEACH FL	
TITLE	~~DP~~	41 TITLE	DS	☒ Change ☐ Addition
NAME	~~EPSTEIN, HERBERT~~	42 NAME	SYLVIA NACHMAN	
STREET ADDRESS	~~5190 LAS VERDES CIRCLE~~	43 STREET ADDRESS	5190 LAS VERDES CIRCLE	
CITY-ST-ZIP	~~DELRAY BEACH FL~~	44 CITY ST ZIP	DELRAY BEACH FL	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME	800001437138	
STREET ADDRESS		53 STREET ADDRESS	-03/22/95--01112--014	
CITY ST ZIP		54 CITY ST ZIP	****130.00 ****131.00	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME	2DA	
STREET ADDRESS		63 STREET ADDRESS	3-22	
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Telephone Number)