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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 MAR -8 PM 3:15

DOCUMENT # 757122 (7)

1. Corporation Name

OLEANDER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O D. F. GOUVERT ~~100 EAST LINTON BLVD., STE. 306B~~ ~~DELRAY BEACH FL 33483~~	660 W. LINTON BLVD. SUITE 202 DELRAY BEACH FL 33444 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1981
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2481731 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 660 W. LINTON BLVD	26
Suite, Apt. #, etc. 22 #202	Suite, Apt. #, etc. 27
City & State 23 DELRAY BEACH FL	City & State 28
Zip 24 33444 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	10. Name and Address of New Registered Agent
D.F. GOUVERT ENTERPRISES INC. 660 W. LINTON BLVD. SUITE 202 DELRAY BEACH FL 33444	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	BROZ, HENRY	1.2 NAME		
STREET ADDRESS	5250 LAS VERDES CIRCLE	1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	MORTICELLI, ANGELO	2.2 NAME		
STREET ADDRESS	5250 LAS VERDES CIRCLE	2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	MORRIS, WALTER L.	3.2 NAME		
STREET ADDRESS	5250 LAS VERDES CIR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH. FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	MYERS, FRANK	4.2 NAME		
STREET ADDRESS	5250 LAS VERDES CIR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH. FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: Walter L. Morris WALTER L. MORRIS 3/3/95 Ph# 495-2254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018431