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FILED

Feb 13 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **757122** (7)
1. Corporation Name
OLEANDER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**660 W LINTON BLVD
SUITE 202
DELRAY BEACH FL 33444
US**

Mailing Address
**660 W. LINTON BLVD
SUITE 202
DELRAY BEACH FL 33444
US**

3. Date Incorporated or Qualified

04/08/1981

4. FEI Number

59-2481731

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 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. Is this nonprofit corporation a homeowners association?

☐

Yes No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE ☐ DELETE

NAME **PD
BROZ, HENRY**
STREET ADDRESS **5250 LAS VERDES CIRCLE**
CITY - ST - ZIP **DELRAY BCH FL**

TITLE ☐ DELETE

NAME **VD
MORTICELLI, ANGELO**
STREET ADDRESS **5250 LAS VERDES CIRCLE**
CITY - ST - ZIP **DELRAY BCH FL**

TITLE ☐ DELETE

NAME **TD
MORRIS, WALTER L.**
STREET ADDRESS **5250 LAS VERDES CIR.**
CITY - ST - ZIP **DELRAY BCH. FL**

TITLE ☐ DELETE

NAME **SD
MYERS, FRANK**
STREET ADDRESS **5250 LAS VERDES CIR.**
CITY - ST - ZIP **DELRAY BCH. FL**

TITLE ☐ DELETE

NAME **D
LEMBO, ANDREW**
STREET ADDRESS **5250 LAS VERDES CIRCLE**
CITY - ST - ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing 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 my address.

SIGNATURE:

Walter R. Morris

2/5/98

(516) 495-2254

CR2E037 (10/97)