2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State
03-08-2000 90028 005 ****61.25

DOCUMENT # 757122

1. Entity Name

OLEANDER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
660 W LINTON BLVD SUITE 202 DELRAY BEACH FL 33444 US	660 W. LINTON BLVD. SUITE 202 DELRAY BEACH FL 33487-2841 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16401 Congress Avenue	16401 Congress Avenue
Suite, Apt. #, etc.: Suite 140	Suite, Apt. #, etc.: Suite 140
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33487 Country: USA	Zip: 33481 Country: USA

4. FEI Number: 59-2481731 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
D.F. GOUVERT ENTERPRISES INC. 660 W. LINTON BLVD. SUITE 202 DELRAY BEACH FL 33444	Name: Karen Lippman Street Address (P.O. Box Number is Not Acceptable): 16401 Congress Avenue Suite 140 City: Boca Raton FL Zip Code: 33487

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.

SIGNATURE: Karen Lippman Feb 03/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROZ, HENRY 5250 LAS VERDES CIRCLE DELRAY BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Jack Infold 5250 Las Verdes Circle #322 Delray Beach, FL 33484	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TEREZI, TERRY 5250 LAS VERDES CIRCLE DELRAY BEACHQ FL 33484	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Broz, Henry 5256 Las Verdes Circle #315 Delray Beach, FL 33484	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MORRIS, WALTER L. 5250 LAS VERDES CIR. DELRAY BCH. FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Morris, Walter L. 5250 Las Verdes Circle #101 Delray Beach, FL 33484	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GOLDSTEIN, CHARLOTTE 5250 LAS VERDES CIR. DELRAY BCH. FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Goldstein, Charlotte 5250 Las Verdes Circle #116 Delray Beach, FL 33484	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEMBO, ANDREW 5250 LAS VERDES CIRCLE DELRAY BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Walter L. Morris Date: 3/4/00 Daytime Phone #: 495-2254