


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90286 022 ****61.25

DOCUMENT # 757122	
1. Entity Name OLEANDER CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 6401 CONGRESS AVE STE 140 BOCA RATON, FL 33487 US	Mailing Address 6401 CONGRESS AVE STE 140 BOCA RATON, FL 33487 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03042006 Chg-NP CR2E037 (11/05)

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
LIPPMAN, KAREN 6401 CONGRESS AVE STE 140 BOCA RATON, FL 33487

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	INFALD, JACK
STREET ADDRESS	5250 LAS VERDES CIRCLE, # 322
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	T <input type="checkbox"/> Delete
NAME	MORRIS, MARILYN
STREET ADDRESS	5250 LAS VERDES CIRCLE, # 101
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	VP <input type="checkbox"/> Delete
NAME	MORRIS, WALTER L.
STREET ADDRESS	5250 LAS VERDES CIRCLE #101
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	SD <input type="checkbox"/> Delete
NAME	GOLDSTEIN, CHARLOTTE
STREET ADDRESS	5250 LAS VERDES CIRCLE #116
CITY-ST-ZIP	DELRAY BCH., FL 33484
TITLE	D <input type="checkbox"/> Delete
NAME	COHEN, MEL
STREET ADDRESS	5250 LAS VERDES CIRCLE
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	D <input type="checkbox"/> Delete
NAME	ROTHMAN, MARVIN
STREET ADDRESS	5250 LAS VERDES CIRCLE, # 223
CITY-ST-ZIP	DELRAY BEACH, FL 33484

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOU, FRAN
STREET ADDRESS	5250 Las Verdes Circle
CITY-ST-ZIP	DeLray Beach, FL 33484
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Marilyn Morris **MARILYN MORRIS** 3/7/06 495-2254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #