

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90059 047 ****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	
2. Principal Place of Business - No P.O. Box # <i>1200 S Rogers Circle</i>		3. Mailing Address <i>1200 S. Rogers Circle</i>	
Suite, Apt. #, etc. <i>Ste 3</i>		Suite, Apt. #, etc. <i>Ste 3</i>	
City & State <i>Boca Raton FL</i>		City & State <i>Boca Raton FL</i>	
Zip <i>33487</i>	Country	Zip <i>33487</i>	Country
4. FEI Number 59-2481731		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <i>Karen Lippman</i> Street Address (P.O. Box Number is Not Acceptable) <i>1200 S. Rogers Circle Ste 3</i> City <i>Boca Raton</i> FL Zip Code <i>33487</i>	
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 <i>Karen Lippman</i>		DATE <i>4/9/08</i>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P INFALD, JACK 5250 LAS VERDES CIRCLE, # 322 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELVIN COHEN 5250 LAS VERDES CIR. # 212 DELRAY BCH, FLA 33484 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRIS, MARILYN 5250 LAS VERDES CIRCLE, # 101 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRIS, WALTER L. 5250 LAS VERDES CIRCLE #101 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDSTEIN, CHARLOTTE 5250 LAS VERDES CIRCLE #116 DELRAY BCH., FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHMAN, MARVIN 5250 LAS VERDES CIRCLE, # 223 DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Marilyn Morris</i> MARILYN MORRIS		Date <i>4/11/08</i> Daytime Phone # <i>561-495-2254</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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