

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000000290**

1. Entity Name  
**OLYMPIA PARK OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**10 SEAGATE DRIVE  
PENTHOUSE 1 NORTH  
NAPLES, FL 34103**

Mailing Address  
**10 SEAGATE DRIVE  
PENTHOUSE 1 NORTH  
NAPLES, FL 34103**



01262007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GRIDER, CRAIG D  
4001 TAMiami TRAIL NORTH  
SUITE 300  
NAPLES, FL 34103**

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IN THIS SPACE**

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 \_\_\_\_\_

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000611000  
02/02/07-80043-008 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
PISTNER, STEPHEN  
10 SEAGATE DRIVE  
NAPLES, FL 34103**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
TAUSSING, PETER  
380 VASSAR AVE.  
BERKLEY, CA 94707**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
PISTNER, PATRICIA  
10 SEAGATE DRIVE  
NAPLES, FL 34103**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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.

*Patricia Pistner, Dir. Sec/Treas. 1-28-07*