

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000000844

1. Entity Name
5 OLIVE DRIVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
8700 W. FLAGLER STREET, STE. 165
MIAMI, FL 33174

Mailing Address
8700 W. FLAGLER STREET, STE. 165
MIAMI, FL 33174



01042007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
01-0833580

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MORIS, ALBERTO N.
8700 W. FLAGLER STREET, STE. 165
MIAMI, FL 33174

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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 ALBERTO N. MORIS

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/5/07
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

U00000661831
03/20/07-80058-006 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LAGO, JULIO
8700 W. FLAGLER STREET, STE. 165
MIAMI, FL 33174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
RODRIGUEZ, JULIO
8700 W. FLAGLER STREET, STE. 165
MIAMI, FL 33174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
CECCHINI, ANTHONY
8700 W. FLAGLER STREET, STE. 165
MIAMI, FL 33174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/07
Date

Daytime Phone #