


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 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



01312008 No Chg-NP CR2E037 (4/06)

4. FEI Number 01-0833580	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MORIS, ALBERTO N. 8700 W. FLAGLER STREET, STE. 165 MIAMI, FL 33174

**DO NOT WRITE
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, 2008**

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

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	

U000000821162
02/19/08-80012-019 61.25

**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

Date

Daytime Phone #

1/31/08