

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728015

**Entity Name:** THE OLYMPUS ASSOCIATION, INC.

**Current Principal Place of Business:**

500 THREE ISLANDS BLVD.  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

500 THREE ISLANDS BLVD.  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 59-1497116

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, P.A.  
625 N FLAGLER DR 7TH FL  
W PALM BEACH, FL 33401 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name HUBERMAN, ALAN  
Address 500 THREE ISLANDS BLVD.  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name MOSKOWITZ, IRVING  
Address 500 THREE ISLANDS BLV  
113  
City-State-Zip: HALLANDALE BEACH FL 33009

Title TREASURER  
Name NEBLETT, JOHN  
Address 500 THREE ISLANDS BLVD  
424  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name PATE, ALAN  
Address 500 THREE ISLANDS BLVD.  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name DAVIS, RICHARD  
Address 500 THREE ISLANDS BLVD.  
City-State-Zip: HALLANDALE BEACH FL 33009

Title SECRETARY  
Name EVERETT, ROSE  
Address 500 THREE ISLANDS BLVD.  
City-State-Zip: HALLANDALE BEACH FL 33009

Title VP  
Name APTNER, MICHEL  
Address 500 THREE ISLANDS BLVD.  
City-State-Zip: HALLANDALE BEACH FL 33009

Title PRESIDENT  
Name WEINER, STEVEN  
Address 500 THREE ISLANDS BLVD.  
City-State-Zip: HALLANDALE BEACH FL 33009

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: STEVEN WEINER**

**PRESIDENT**

**02/27/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR

Name STEARIN, STANLEY

Address 500 THREE ISLANDS BLVD.

City-State-Zip: HALLANDALE BEACH FL 33009