

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728015

FILED
Feb 23, 2015
Secretary of State
CC7743702215

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

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 EXECUTIVE VICE PRESIDNET
Name SCHERLINE, STUART VP
Address 2500 PARKVIEW DR
City-State-Zip: HALLANDALE FL 33009

Title VICE PRESIDENT OF OPERATIONS
Name JOHN, NEBLETT
Address 500 THREE ISLANDS BLVD.
City-State-Zip: HALLANDALE BEACH FL 33009

Title SENIOR VICEPRESIDENT AND SECRETARY
Name HUBERMAN, ALAN
Address 600 THREE ISLANDS BLVD
City-State-Zip: HALLANDALE FL 33009

Title VICE PRESIDENT OF FINANCE & TREASURER
Name LAWNER, SOL
Address 600 THREE ISLANDS
City-State-Zip: HALLANDALE FL 33009

Title PRESIDENT
Name FARROW, WILLIAM
Address 600 THREE ISLANDS BLVD
City-State-Zip: HALLANDALE FL 33009

Title VICE PRESIDENT OF SPECIALS PROJECTS
Name AVANIAM, FELIX
Address 2500 PARKVIEW DR
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR
Name ATLAS, VICKI
Address 600 THREE ISLANDS BLVD.
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR
Name SCHNEIDER, MANNY
Address 500 THREE ISLANDS BLVD
City-State-Zip: HALLANDALE 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: ALAN HUBERMAN

SECRETARY

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name AST, AARON

Address 2500 PARKVIEW DR
 1514

City-State-Zip: HALLANDALE FL 33009