

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746645

**Entity Name:** OLIVE GLEN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5739 SW 42ND TERRACE  
MIAMI, FL 33155

**Current Mailing Address:**

5739 SW 42ND TERRACE  
MIAMI, FL 33155 US

**FEI Number:** 59-1999509

**Certificate of Status Desired:** No

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

ERRA REGISTERED AGENTS, LLC  
2601 SOUTH BAYSHORE DRIVE  
18TH FLOOR  
COCONUT GROVE, FL 33133 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:** SANTIAGO ELJAIK

04/27/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            SAGARO, MICHAEL  
Address        C/O ERRA REGISTERED AGENTS,  
                  LLC  
                  2601 SOUTH BAYSHORE DRIVE 18TH  
                  FLOOR  
City-State-Zip: COCONUT GROVE FL 33133

Title            MEMBER  
Name            DRAZNER, MICHAEL  
Address        C/O ERRA REGISTERED AGENTS,  
                  LLC  
                  2601 SOUTH BAYSHORE DRIVE 18TH  
                  FLOOR  
City-State-Zip: COCONUT GROVE FL 33133

Title            VP  
Name            HERNANDEZ, ALBERT JR.  
Address        C/O ERRA REGISTERED AGENTS,  
                  LLC  
                  2601 SOUTH BAYSHORE DRIVE 18TH  
                  FLOOR  
City-State-Zip: COCONUT GROVE FL 33133

Title            SECRETARY, TREASURER  
Name            ORTEGA, CARIDAD  
Address        C/O ERRA REGISTERED AGENTS,  
                  LLC  
                  2601 SOUTH BAYSHORE DRIVE 18TH  
                  FLOOR  
City-State-Zip: COCONUT GROVE FL 33133

*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:** MICHAEL SAGARO

MANAGER

04/27/2022

Electronic Signature of Signing Officer/Director Detail

Date