## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 757097** 

Entity Name: OLIVELEAF CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 23, 2015
Secretary of State
CC3981582476

Date

## **Current Principal Place of Business:**

5190 LAS VERDES CR. DELRAY BEACH. FL 33484

## **Current Mailing Address:**

100 E. LINTON BLVD., #406B DELRAY BEACH, FL 33483 US

FEI Number: 59-2088171 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

GALLUP ACCOUNTING 100 E. LINTON BLVD., #406B DELRAY BEACH, FL 33483 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: DIANA HURLEY 03/23/2015

Electronic Signature of Registered Agent

Officer/Director Detail:

Title D Title PD

Name KLEIMAN, SOL Name BERARDI, NICK

Address 5190 LAS VERDES CIRCLE #202 Address 5190 LAS VERDES CIRCLE #112

City-State-Zip: DELRAY BEACH FL 33484 City-State-Zip: DELRAY BEACH FL 33484

Title TD Title VPD

Name SCHWARTZ, HARVEY Name CARVAJAL, BLANCA

Address 5190 LAS VERDES CIRCLE #221 Address 5190 LAS VERDES CR., #212
City-State-Zip: DELRAY BEACH FL 33484 City-State-Zip: DELRAY BEACH FL 33484

Title D Title DIRECTOR

Name KLEIMAN, SOLOMON Name CLAUDIO, ALFREDO

Address 5190 LAS VERDES CR., #202 Address 5190 LAS VERDES CR. #102
City-State-Zip: DELRAY BEACH FL 33484
City-State-Zip: DELRAY BEACH FL 33484

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: NICK BERARDI PRESIDENT 03/23/2015