

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **749167 (3)**  
1. Corporation Name  
**EXECUTIVE HOUSE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: 2175 SE 6TH ST., 214 S. FEDERAL HWY., POMPANO BEACH FL 33062 US  
Mailing Address: 214 S FEDERAL HWY, 214 S. FEDERAL HWY., POMPANO BEACH FL 33062 US

3. Date incorporated or Qualified: 10/03/1979  
3a. Date of Last Report: 08/10/1995  
4. FEI Number: 59-2050124  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent  
**HALL VINCE  
2175 SE 6TH ST  
POMPANO BEACH, FL  
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent  
81 Name: **Paula Douglas**  
82 Street Address (P.O. Box Number is Not Acceptable): **214 S. Federal Hwy.**  
83  
84 City: **Pompano Beach** FL 85 Zip Code: **33062**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0803, Florida Statutes.

SIGNATURE: *Paula Douglas* Paula Douglas 4/26/96  
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE: PD NAME: HALL, VINCE STREET ADDRESS: 2175 SE 6TH ST. CITY-ST-ZIP: POMPANO BEACH FL	<input checked="" type="checkbox"/> DELETE
TITLE: VTD NAME: FLANAGAN, MAUREEN STREET ADDRESS: 3469 NE 7TH AVE. CITY-ST-ZIP: OAKLAND PARK FL	<input checked="" type="checkbox"/> DELETE
TITLE: D NAME: ISNER, JANET STREET ADDRESS: 2175 SE 6TH ST. CITY-ST-ZIP: POMPANO BEACH FL	<input checked="" type="checkbox"/> DELETE
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
1.1 TITLE: President, Director 1.2 NAME: Douglas, Paula 1.3 STREET ADDRESS: 818 NE 19th Ave. 1.4 CITY-ST-ZIP: Fort Lauderdale, FL 33304	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: Vice-President/Treasurer, Director 2.2 NAME: Clery, Marc 2.3 STREET ADDRESS: 2175 SE 6th St., Unit C 2.4 CITY-ST-ZIP: Pompano Beach, FL 33062	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: Director 3.2 NAME: Galarus, Albert 3.3 STREET ADDRESS: 2175 SE 6th St., Unit A 3.4 CITY-ST-ZIP: Pompano Beach, FL 33062	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100001849961</b> <b>-06/04/96--01092--030</b> <b>***61.25</b>
6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5/1/92

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paula Douglas* Paula Douglas 4/26/96 (954) 942-6420  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)