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Apr 17 1997 8:00am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33062-5323 US

3. Date Incorporated or Qualified: 10/03/1979  
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21 2175 SE 6th ST., Suite, Apt. #, etc. N/A  
22 N/A  
23 City & State: POMPANO BEACH FL  
24 Zip: 33062  
25 Country: BROWARD  
26 2175 SE 6th ST., Suite, Apt. #, etc. N/A  
27 N/A  
28 City & State: POMPANO BEACH FL  
29 Zip: 33062  
30 Country: BROWARD

4. FEI Number: 59-2050124  
Applied For: Not Applicable  
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

9. Name and Address of Current Registered Agent: DOUGLAS, PAULA, 214 S. FEDERAL HWY., POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent: 81 Name: DOUGLAS, PAULA  
82 Street Address (P.O. Box Number is Not Acceptable): 2175 SE 6th ST  
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 617.0503, Florida Statutes.

SIGNATURE: Paula Douglas DATE: 4/7/97  
(NOTE: Registered Agent signature required when reappointing)

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox. Rows include: PD DOUGLAS, PAULA (818 NE 19TH AVE, FT. LAUDERDALE FL 33304); VTD CLERY, MARC (2175 SE 6TH ST., UNIT C, POMPANO BEACH FL 33062); D GALARUS, ALBERT (2175 SE 6TH ST., UNIT A, POMPANO BEACH FL 33062); and three empty rows.

Table with 5 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, and checkboxes for Change and Addition. Rows include: 1.1 TITLE: VTD, 1.2 NAME: FLONAGAN, MAUREEN, 1.3 STREET ADDRESS: 1950 NE 59th PLACE, 1.4 CITY-ST-ZIP: FT. LAUDERDALE, FL, 33308; and four empty rows.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Albert M. Galarus ALBERT M. GALARUS 4-9-97 (954) 784-0740  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021726

CR2E037 (9/96)