

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90024 003 \*\*\*\*70.00

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 749167**

1. Corporation Name  
**EXECUTIVE HOUSE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
2175 SE 6TH ST ASSOCIATION BOX POMPANO BEACH FL 33062 US	2175 SE 6TH ST ASSOCIATION BOX POMPANO BEACH FL 33062 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10/03/1979
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	59-2050124
24	25	29
29	30	3. Applied For
		Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DOUGLAS, PAULA 2175 SE 6TH ST POMPANO BEACH FL 33062	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
	FL

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 MR. WILLIAM DEAN JR. *William Dean Jr.* 5.17.99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, PAULA	1.2 NAME	WILLIAM DEAN JR.
STREET ADDRESS	818 NE 19TH AVE.	1.3 STREET ADDRESS	2175 SE 6th ST UNIT F
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	1.4 CITY-ST-ZIP	POMPANO BCH, FL 33062
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLANAGAN, MAUREEN	2.2 NAME	JEAN MARIE DOMURAD
STREET ADDRESS	1950 NE 59TH PLACE	2.3 STREET ADDRESS	2175 SE 6th ST UNIT G
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	POMPANO BCH, FL 33062
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALARUS, ALBERT	3.2 NAME	
STREET ADDRESS	2175 SE 6TH ST., UNIT A	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: WILLIAM DEAN JR. *William Dean Jr.* 5.17.99 954-941-3777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)