

2001 UNIFORM BUSINESS REPORT (UBR)

4/27

FILED
May 19, 2001 8:00 am
Secretary of State

04-27-2001 90391 027 ****61.25

DOCUMENT # 749167

1. Entity Name

EXECUTIVE HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2175 SE 6TH ST
 ASSOCIATION BOX
 POMPANO BEACH FL 33062
 US

Mailing Address

2175 SE 6TH ST
 ASSOCIATION BOX
 POMPANO BEACH FL 33062
 US

2. Principal Place of Business

3. Mailing Address

651 SE 8th Av

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pomp Bch

4. FEI Number

59-2050124

Applied For

Not Applicable

Zip

Country

33060

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KALOMERIS, PAUL
651 SE 8TH AVE
POMPANO BEACH FL 33060

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

[Handwritten Signature]

Paul Kalomeris

4-8-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DEAN, WILLIAM JR.	
STREET ADDRESS	2175 SE 6TH ST., UNIT F	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	DOMURAD, JEAN M	
STREET ADDRESS	2175 SE 6TH ST., UNIT G	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GALARUS, ALBERT	
STREET ADDRESS	2175 SE 6TH ST., UNIT A	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	Paul Kalomeris	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME "D"		651 SE 8th Av	
STREET ADDRESS		Pomp Bch Fl 33060	
CITY-ST-ZIP			
TITLE	"D"	Vice Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Paul Milora	
STREET ADDRESS		888 Intercoastal Dr #160	
CITY-ST-ZIP		Fl Land Fl 33304	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	"D"	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Lin Kalomeris	
STREET ADDRESS		651 SE 8th Av	
CITY-ST-ZIP		Pomp Bch Fl 33060	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Glenn Jakob	
STREET ADDRESS		8 Briar Av	
CITY-ST-ZIP		Pomp Bch Fl 33062	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with or without like empowered.

SIGNATURE:

[Handwritten Signature]

Paul Kalomeris

Date

Daytime Phone #

954-942-9593

CR2037 (10/00)