
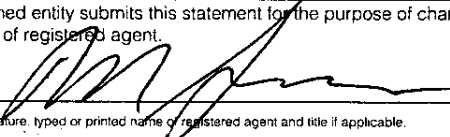
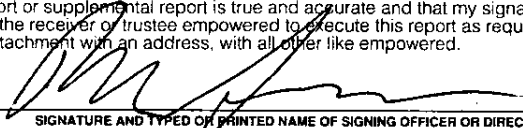


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91045 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. POMPANO BEACH FL 33062 US | |
| 2. Principal Place of Business <i>NO CHANGE</i> | | 3. Mailing Address <i>NO CHANGE</i> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 59-2050124 | | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| FLEMING, MICHAEL 8 BRINY AVE. #504 POMPANO BEACH FL 33062 | | Name <i>NO CHANGE</i> | |
| | | 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE  | | DATE <i>4-22-04</i> | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE: DP | <input type="checkbox"/> Delete | TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: FLEMING, MICHAEL | | NAME: | |
| STREET ADDRESS: 8 BRINY AVE. #504 | | STREET ADDRESS: | |
| CITY-ST-ZIP: POMPANO BEACH FL 33062 | | CITY-ST-ZIP: | |
| TITLE: DT | <input type="checkbox"/> Delete | TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: JAKAB, CHER | | NAME: | |
| STREET ADDRESS: 2175 SE 6TH ST. UNIT A | | STREET ADDRESS: | |
| CITY-ST-ZIP: POMPANO BEACH FL 33062 | | CITY-ST-ZIP: | |
| TITLE: DT | <input checked="" type="checkbox"/> Delete | TITLE: VICE PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: KALEMORIS, LIN | | NAME: PAUL F. MILORA | |
| STREET ADDRESS: 651 SE 8TH AVENUE | | STREET ADDRESS: 1751 NE 42ND ST. | |
| CITY-ST-ZIP: POMPANO BEACH FL 33060 | | CITY-ST-ZIP: OAKLAND PARK, FL 33334 | |
| TITLE: S | <input type="checkbox"/> Delete | TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: JAKAB, GLORIA | | NAME: | |
| STREET ADDRESS: 8 BRINY PLACE | | STREET ADDRESS: | |
| CITY-ST-ZIP: POMPANO BEACH FL 33062 | | CITY-ST-ZIP: | |
| TITLE: BM | <input type="checkbox"/> Delete | TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: DOUGLAS, ROBERT | | NAME: | |
| STREET ADDRESS: 17 ROYAL PALM WAY #403 | | STREET ADDRESS: | |
| CITY-ST-ZIP: BOCA RATON FL 33432 | | CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> Delete | TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | | NAME: | |
| STREET ADDRESS: | | STREET ADDRESS: | |
| CITY-ST-ZIP: | | CITY-ST-ZIP: | |
| 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 all other like empowered. | | | |
| SIGNATURE:  | | DATE: <i>4-22-04</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | DATE | |
| | | Daytime Phone # | |