

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**

05-09-2003 90145 042 \*\*\*\*70.00

7810781

**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  
**651 SE 8TH AVENUE  
POMPANO BEACH FL 33060  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**2175 SE 6TH ST  
A**

Suite, Apt. #, etc.

City & State  
**POMPANO BEACH FL**

City & State  
**POMPANO BEACH FL**

Zip  
**33062**

Country  
**USA**

4. FEI Number **59-2050124**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KALOMERIS, PAUL  
651 SE 8TH AVE  
POMPANO BEACH FL 33060**

7. Name and Address of New Registered Agent

Name **MICHAEL FLEMING**

Street Address (P.O. Box Number is Not Acceptable)  
**8 BRINY AVE #504**

City & State  
**POMPANO BEACH FL**

Zip Code  
**33062**

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 *[Signature]* DATE **5-6-03**

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**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP<br/>KALOMERIS, PAUL<br/>651 SE 8TH AVENUE<br/>POMPANO BEACH FL 33060</b>          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DVP<br/>MILORA, PAUL<br/>888 INTERCOASTAL DR. #16-D<br/>FORT LAUDERDALE FL 33304</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DT<br/>KALEMORIS, LIN<br/>651 SE 8TH AVENUE<br/>POMPANO BEACH FL 33060</b>           | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>JAKAB, GLORIA<br/>8 BRINY PLACE AVE #504<br/>POMPANO BEACH FL 33062</b>        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ROBERT DOUGLAS<br/>17 ROYAL PALM WAY 403<br/>BOCA RATON FL 33432</b>                 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>OFFICER<br/>MICHAEL FLEMING<br/>8 BRINY AVE #504<br/>POMPANO BEACH, FL 33062</b>      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DT TREASURER<br/>CHER JAKAB<br/>2175 SE 6TH ST UNIT A<br/>POMPANO BEACH, FL 33062</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>BOARD MEMBER<br/>ROBERT DOUGLAS<br/>17 ROYAL PALM WAY 403<br/>BOCA RATON FL 33432</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: *[Signature]* **5/6/03** **951-295-8654**

CR2E087 (10/02)

Attachment  
Doc # 49167  
80117809

Executive House Condominium Assoc.  
2175 SE 6<sup>th</sup> Street  
Pompano Beach, Fl. 33062  
954-946-0299

May 5, 2003

To Whom It May Concern:

Please be advised that our filing is late because there was a change of officers and the past treasurer did not turn the form over to the board until May 2, 2003.

Please note the changes on our form. Thank you considering our 2003 UBR as current and on time due to circumstance beyond our control.

Respectfully,



Cher Jakab

Treasurer, Board of Directors