

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 17, 2011
Secretary of State

DOCUMENT# 749735

Entity Name: THE EXECUTIVE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**4925 COLLINS AVENUE
MGMT. OFFICE
MIAMI BEACH, FL 33140**New Principal Place of Business:****Current Mailing Address:**4925 COLLINS AVENUE
MGMT. OFFICE
MIAMI BEACH, FL 33140**New Mailing Address:****FEI Number:** 59-2036940**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BECKER & POLIAKOFF
121 ALHAMBRA PLAZA,
10TH FLOOR
CORAL GABLES, FL 3333134 US**Name and Address of New Registered Agent:**CUEVAS, ORTIZ & CUBAS, P. A.
7480 SW 40TH STREET
SUITE 600
MIAMI, FL 3333155 US

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: ANDY CUEVAS

05/17/2011

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: V
Name: WINICK, PAULINE
Address: 4925 COLLINS AVENUE #12A
City-St-Zip: MIAMI BEACH, FL 33140

Title: P
Name: GELBLUM, JEFF
Address: 4925 COLLINS AVE., #11F
City-St-Zip: MIAMI BEACH, FL 33140

Title: S
Name: PATRONE, LEE
Address: 4925 COLLINS AVENUE #6A
City-St-Zip: MIAMI BEACH, FL 33140

Title: T
Name: BETANCOURT, MAIDA
Address: 4925 COLLINS AVENUE #6A
City-St-Zip: MIAMI BEACH, FL 33140

Title: D
Name: LEIFER, ROGER
Address: 4925 COLLINS AVENUE #12E
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DR. JEFF GELBLUM

PRES

05/17/2011

Electronic Signature of Signing Officer or Director_____
Date