

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 759312 (2)  
1. Corporation Name  
**EXECUTIVE COURT CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: 2295 CORPORATE BLVD., N.W. SUITE 140 BOCA RATON FL 33431  
Mailing Address: 5295 TOWN CENTER RD RD STE 200 BOCA RATON FL 33486 US

3. Date Incorporated or Qualified: 07/27/1981  
3a. Date of Last Report: 03/16/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-2210350	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip		<input type="checkbox"/>	
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		30			<input type="checkbox"/>	
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LANG MANAGEMENT CO INC. 5295 TOWN CENTER ROAD SUITE #200 BOCA RATON FL 33486				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTMAN, JOEL	1.2 NAME	
STREET ADDRESS	2201 CORPORATE BLVD NW	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTER, BRUCE E	2.2 NAME	
STREET ADDRESS	2300 CORPORATE BLVD NW	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, WILLIAM	3.2 NAME	
STREET ADDRESS	2295 CORPORATE BLVD NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECK, LOUIS	4.2 NAME	
STREET ADDRESS	2300 CORPORATE BLVD, NW	4.3 STREET ADDRESS	<b>Tracy Rhine-Jackson</b>
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	<b>Beck Hospitality, Inc.</b>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLOW, RONALD	5.2 NAME	
STREET ADDRESS	2295 CORPORATE BLVD NW	5.3 STREET ADDRESS	<b>2300 Corporate Blvd, N.W.</b>
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	<b>Suites 231-236</b>
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	<b>Boca Raton, FL 33431</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Bruce Winter 4-10-96 994-0100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)