

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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. 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 | |
| 4. FEI Number 59-2210350 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21 2295 Corporate Blvd NW Suite, Apt. #, etc. | 2a. Mailing Address 26 Suite, Apt. #, etc. |
| 22 City & State 23 Boca Raton FL | 27 City & State |
| 24 Zip 33431 | 25 Country U.S.A. |
| 28 Zip | 30 Country |

9. Name and Address of Current Registered Agent

**LANG MANAGEMENT CO INC.
5295 TOWN CENTER ROAD
SUITE #200
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

| | |
|---|------------------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 85 Zip Code: FL |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

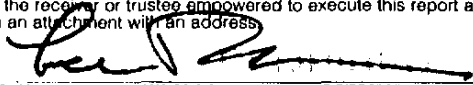
12. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | WINTER, BRUCE |
| STREET ADDRESS | 2300 CORPORATE BLVD. NW |
| CITY-ST-ZIP | BOCA RATON FL 33431 |
| TITLE | ST <input type="checkbox"/> DELETE |
| NAME | ALTMAN, JOEL |
| STREET ADDRESS | 2201 CORPORATE BLVD. NW |
| CITY-ST-ZIP | BOCA RATON FL 33431 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | ALLEN, WILLIAM |
| STREET ADDRESS | 2295 CORPORATE BLVD. NW |
| CITY-ST-ZIP | BOCA RATON FL |
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | RHINE-JACKSON, TRACY |
| STREET ADDRESS | 2300 CORPORATE BLVD., NW, STE 231-236 |
| CITY-ST-ZIP | BOCA RATON FL 33431 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | ROTHMAN, LEE |
| STREET ADDRESS | 2295 CORPORATE BLVD., N.W. |
| CITY-ST-ZIP | BOCA RATON FL 33431 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | POLLOW, ASHLEY |
| STREET ADDRESS | 2295 CORPORATE BLVD. NW |
| CITY-ST-ZIP | BOCA RATON FL 33431 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. 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 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:  **3/25/98** **Seq 2415500**

CP2E037 (10/97)