

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

0039482

**DOCUMENT # 759312**

1. Entity Name

**EXECUTIVE COURT CONDOMINIUM ASSOCIATION, INC.**

03-05-2002 90316 001 \*\*\*\*35.00

03-05-2002 90316 002 \*\*\*\*35.00

Principal Place of Business

Mailing Address

2295 CORPORATE BLVD., N.W.  
 BOCA RATON FL 33431  
 US

21045 COMMERCIAL TRAIL  
 BOCA RATON FL 33486  
 US

- 10211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2210350**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAM K. ISAACSON ,**  
**21045 COMMERCIAL TRAIL**  
**BOCA RATON FL 33486**

Name \_\_\_\_\_  
 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>P</b> <b>WINTER, BRUCE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2300 CORPORATE BLVD. NW</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	
TITLE NAME	<b>ST</b> <b>ALTMAN, JOEL</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2201 CORPORATE BLVD. NW</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	
TITLE NAME	<b>D</b> <b>ALLEN, WILLIAM</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2295 CORPORATE BLVD. NW</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE NAME	<b>D</b> <b>ROTHMAN, LEE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2295 CORPORATE BLVD., N.W.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	
TITLE NAME	<b>D</b> <b>UTRECHT, STEVE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2295 CORPORATE BLVD NW</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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)(l), 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* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)