

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # 759312  
 1. Entity Name  
 EXECUTIVE COURT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2295 CORPORATE BLVD., N.W. 131 BOCA RATON, FL 33431 US	Mailing Address 2295 CORPORATE BLVD., N.W. 131 BOCA RATON, FL 33431 US
---	---

**DO NOT WRITE IN THIS SPACE**



02052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2210350	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 ROGOR, RANDALL K  
 621 NW 53RD ST STE 300  
 BOCA RATON, FL 33487

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINTER, BRUCE 2300 CORPORATE BLVD. NW BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEVELL, ARNOLD 2295 CORPORATE BLVD NW BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, WILLIAM 2295 CORPORATE BLVD. NW BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORRGLES, PETER 2300 CORPORATE BLVD NW BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UTRECHT, STEVE 2295 CORPORATE BLVD NW BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000656904  
03/14/07-80046-002 30.62

U00000656904  
03/14/07-80046-003 30.63

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-07 561-995-0100  
Date Daytime Phone #