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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 769080

1. Corporation Name
EXECUTIVE MANAGERS ASSOCIATION, INC. IN THE STATE OF FLORIDA

Principal Place of Business
 4748 S. OCEAN BLVD.
 APT 101
 HIGHLAND BEACH FL 33487
 US

Mailing Address
 4748 S. OCEAN BLVD.
 APT 101
 HIGHLAND BEACH FL 33487
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/23/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2495382	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAGUARDIA, JOANNE 4748 S. OCEAN BLVD. #101 HIGHLAND BEACH FL 33487				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	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BECCIA, JACQUELINE		1.2 NAME		
STREET ADDRESS	1125K CRYSTAL WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH. FL 33444		1.4 CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREKOWICZ, STEVEN		2.2 NAME	LINDA LEOPARDI	
STREET ADDRESS	3224 S OCEAN BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BCH FL		2.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANDRAS, FRANK		3.2 NAME	JOHN NESBITT	
STREET ADDRESS	3575 S. OCEAN BLVD. #309		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		3.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAGUARDIA, JOANNE		4.2 NAME		
STREET ADDRESS	4748 S. OCEAN BLVD. #101		4.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAGLIANO, FRANK		5.2 NAME	PRESIDENT	
STREET ADDRESS	4750 OCEAN BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BCH. FL 33487		5.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FICK, ROBERT		6.2 NAME	ROBERT CASE	
STREET ADDRESS	350 S. OCEAN BLVD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		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, with all other like empowered.

SIGNATURE: Joanne Laguardia 2/5/99 561-391-7875
 DATE: _____ DAYTIME PHONE: _____

CR2E037 (1/198)

234687-90109-23
769080

**EXECUTIVE MANAGERS ASSOCIATION
OFFICERS AND DIRECTORS
JANUARY 19, 1999**

PRESIDENT

FRANK J. GAGLIANO
4750 SOUTH OCEAN BLVD.
HIGHLAND BEACH, FLORIDA 33487

VICE PRESIDENT

LINDA LEOPARD
20100 BOCA WEST DRIVE
BOCA RATON, FLORIDA 33434

SECRETARY

SUSAN PERNELL
3000 SOUTH OCEAN BLVD
BOCA RATON, FLORIDA 33432

TREASURER

JO ANNE LA GUARDIA
4748 SOUTH OCEAN BLVD
HIGHLAND BEACH, FLORIDA 33487

DIRECTOR

JACQUELINE BECCIA
1125K CRYSTAL WAY
DELRAY BEACH, FLORIDA 33444

DIRECTOR

ROBERT CASE
4431 NE 23RD AVENUE
LIGHTHOUSE POINT, FLORIDA 33064

DIRECTOR

JOHN NESBITT
1051 HILLSBORO MILE
HILLSBORO BEACH, FLORIDA 33062

DIRECTOR

BILLY PARKER
550 SOUTH OCEAN BLVD.
BOCA RATON, FLORIDA 33432

DIRECTOR:

JIM LANTZ
2000 S. OCEAN BLVD.
BOCA RATON, FLORIDA 33432