


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90017 010 ****61.25

DOCUMENT # 769080			
1. Entity Name EXECUTIVE MANAGERS ASSOCIATION, INC. IN THE STATE OF FLORIDA			
Principal Place of Business 21471 WOODCHUCK LANE BOCA RATON, FL 33428 US		Mailing Address 21471 WOODCHUCK LANE BOCA RATON, FL 33428 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2495382		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WEBB, MIRIAM R 21471 WOODCHUCK LANE BOCA RATON, FL 33428		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SORENSON, JOYCE ANN 4132 B QUAIL RIDGE DR BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Newell, Lyn 6556 Winding Brook Way Delray Beach FL 33484 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FABIAN, SHELBY 750 NORMANDY P DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Fox, Michele 3101 S. Ocean Blvd Highland Beach FL 33487 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN, FRAN 14460 STRATAMBRA DELRAY BEACH, FL 33446 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Deering, Gary 4750 S Ocean Blvd #106 Highland Beach FL 33487 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M WEBB, MIRIAM 21547 ST. ANDREWS GRAND CIRCLE BOCA RATON, FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Webb, Miriam 21471 Woodchuck Lane BOCA RATON FL 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICH, MICHAEL 1200 S. OCEAN BLVD. BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rich, Michael 1200 S Ocean Blvd BOCA RATON FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HATFIELD, BRUCE 3912 S. OCEAN BLVD HIGHLAND BCH, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hatfield, Bruce 3912 S. Ocean Blvd. Highland Beach FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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: <i>Miriam R. Webb</i>		Date: <i>2/3/04</i> Daytime Phone #: <i>561-451-4689</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

Attachment
Doc. # 769080

D addition
Lantz, Jim
4000 Towerside Terrace
Miami, FL 33136

D addition
Allen, Kenneth
1480 Masters Circle #170
Delray Beach, FL 33445

D addition
JoAnne Gagliano
4748 S. Ocean Blvd.
Highland Beach, FL 33487