


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 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 | P | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | SORENSEN, JOYCE ANN | | NAME | Newell, Lyn | | | |
| STREET ADDRESS | 4132 B QUAIL RIDGE DR | | STREET ADDRESS | 6556 Winding Brook Way | | | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33436 | | CITY-ST-ZIP | Delray Beach FL 33484 | | | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | FABIAN, SHELBY | | NAME | Fox, Michele | | | |
| STREET ADDRESS | 750 NORMANDY P | | STREET ADDRESS | 3101 S. Ocean Blvd | | | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33484 | | CITY-ST-ZIP | Highland Beach FL 33487 | | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | GOLDSTEIN, FRAN | | NAME | Dearing, Gary | | | |
| STREET ADDRESS | 14460 STRATAMBRA | | STREET ADDRESS | 4750 S Ocean Blvd #106 | | | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33446 | | CITY-ST-ZIP | Highland Beach FL 33487 | | | |
| TITLE | M | <input type="checkbox"/> Delete | TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WEBB, MIRIAM | | NAME | Webb, Miriam | | | |
| STREET ADDRESS | 21547 ST. ANDREWS GRAND CIRCLE | | STREET ADDRESS | 21471 Woodchuck Lane | | | |
| CITY-ST-ZIP | BOCA RATON, FL 33486 | | CITY-ST-ZIP | BOCA RATON FL 33428 | | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | RICH, MICHAEL | | NAME | Rich, Michael | | | |
| STREET ADDRESS | 1200 S. OCEAN BLVD. | | STREET ADDRESS | 1200 S Ocean Blvd | | | |
| CITY-ST-ZIP | BOCA RATON, FL 33432 | | CITY-ST-ZIP | BOCA RATON FL 33432 | | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | HATFIELD, BRUCE | | NAME | Hatfield, Bruce | | | |
| STREET ADDRESS | 3912 S. OCEAN BLVD | | STREET ADDRESS | 3912 S. Ocean Blvd. | | | |
| CITY-ST-ZIP | HIGHLAND BCH, FL 33487 | | CITY-ST-ZIP | Highland Beach FL 33487 | | | |
| 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> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> | | <small>Daytime Phone #</small> | | |

