



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

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90371 037 \*\*\*\*61.25

<b>DOCUMENT # 769080</b>					
<b>1. Entity Name</b> EXECUTIVE MANAGERS ASSOCIATION, INC. IN THE STATE OF FLORIDA					
<b>Principal Place of Business</b> 21471 WOODCHUCK LANE BOCA RATON, FL 33428 US		<b>Mailing Address</b> 21471 WOODCHUCK LANE BOCA RATON, FL 33428 US		  02132007 Chg-NP CR2E037 (12/06)	
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FCL Number</b> 59-2495382	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
WEBB, MIRIAM R 21471 WOODCHUCK LANE BOCA RATON, FL 33428			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, LINDA L		NAME	Leopard, Linda	
STREET ADDRESS	4748 S OCEAN BLVD		STREET ADDRESS	4748 S. Ocean Blvd	
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487		CITY-ST-ZIP	Highland Beach FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERMER, HARTI		NAME	Stermer, Marti	
STREET ADDRESS	5323 COURTNEY CIR		STREET ADDRESS	5323 Courtney Cir.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	Boynton Beach FL 33437	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEARING, GARY		NAME	Dearing, Gary	
STREET ADDRESS	4750 S. OCEAN BLVD. #106		STREET ADDRESS	1700 S. Ocean Blvd.	
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487		CITY-ST-ZIP	Pompano Beach FL 33062	
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBB, MIRIAM		NAME	Campbell, Don	
STREET ADDRESS	21471 WOOD CHUCK LANE		STREET ADDRESS	2000 S. Ocean Blvd	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	Boca Raton FL 33432	
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH, MICHAEL		NAME	RICH, MICHAEL	
STREET ADDRESS	1200 S. OCEAN BLVD.		STREET ADDRESS	2871 N. OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Armstrong, John A	
STREET ADDRESS			STREET ADDRESS	1180 S. Ocean Blvd	
CITY-ST-ZIP			CITY-ST-ZIP	Boca Raton FL 33432	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Miriam R. Webb</i>		Miriam R. Webb		3/7/07 561-451-4689	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	