

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N03025 (6)**  
1. Corporation Name  
**EXECUTIVE WEST OFFICE CONDOMINIUM ASSOCIATION, I NC.**



Principal Place of Business: **2815 W. NEW HAVEN AVE. #204 MELBOURNE FL 32904**  
Mailing Address: **2815 W. NEW HAVEN AVE. #204 MELBOURNE FL 32904**

3. Date Incorporated or Qualified: **05/10/1984**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **NOT APPLICABLE**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
Zip: **29** Country: **30**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ODOM, DAN C.  
2815 WEST NEW HAVEN AVENUE  
SUITE 204  
WEST MELBOURNE FL 32904**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: **FL** 85 Zip Code

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	<b>PST</b> <input type="checkbox"/> DELETE
NAME	<b>ODOM, DAN C.</b>
STREET ADDRESS	<b>2815 W NEW HAVEN AVE <del>302</del> 204</b>
CITY-ST-ZIP	<b>W MELBOURNE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ODOM, DAN C.</b>
STREET ADDRESS	<b>2815 W NEW HAVEN AVE <del>302</del> 204</b>
CITY-ST-ZIP	<b>W MELBOURNE FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>YOUNG, HENRY T</b>
STREET ADDRESS	<b>421 N. NEPTUNE DRIDE</b>
CITY-ST-ZIP	<b>SATELLITE BCH. FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ODOM, MARY W.</b>
STREET ADDRESS	<b>2815 W NEW HAVEN AVE 302</b>
CITY-ST-ZIP	<b>W MELBOURNE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>UD Young, Henry T</b>
3.3 STREET ADDRESS	<b>#9 vertie place</b>
3.4 CITY-ST-ZIP	<b>Milton, Penn. 17847</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>400001745544</b>
6.3 STREET ADDRESS	<b>-03/15/96--01119--016</b>
6.4 CITY-ST-ZIP	<b>***61.25</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* **2-27-96** 407 7236366  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/night Phone #  
**SG 3-15-96**

CR2E037 (12/95)