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

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

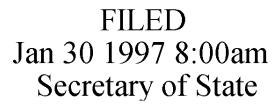
N03025

(6)

## EXECUTIVE WEST OFFICE CONDOMINIUM ASSOCIATION, I

Principal Place of Business

Mailing Address





2815 W. NEW HAVEN AVE. #204 MELBOURNE FL 32904		2815 W. NEW HAVEN AVE. #204 MELBOURNE FL 32904-3659							
						3. Date Incorporated or Qualified 05/10/1984	<b>3a.</b> Da	te of Last 03/15/	t Report <b>1996</b>
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number APPLICABLE			Applied For
21		26			NUI APPLICABLE			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required				
City & State		City & State				6. Election Campaign Financing	_		<b>0</b> May Be
23		28	т		-	Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for	intangible Yes	tak under I No	r s. 199.032.
24	9. Name and Address of Current	29 Registered Agent	30			Florida Statutes L  10. Name and Address of New Re		<del>_</del>	
	5. Hallo and Real of Salten	, riogiotorou rigoni		81	Name		<b>3</b>		
ODOM, DAN C.					Ctrank 6 d	ldress (P.O. Box Number is Not Acceptate	-la)		
2815 WEST NEW HAVEN AVENUE				82	Street Ad	ioress (P.O. Box Number is Not Acceptat	ле)		
SUITE 204				83					
	ELBOURNE FL 32904			84	City			85 Z	ip Code
			ļ	"	City		FL	65  2	p code
office or re agent. I as SIGNATURE	egistered agent, or both, in the State n familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 617.0503, Flo	authorized orida Stat	d by utes	the corpor	orporation submits this statement for the pration's board of directors. I hereby accept	pt the app	changing pintment	as registered
	Signature, typed or printed name of registered age		E Registered	d Ager	il signature rec	quired when reinstating)  ADDITIONS/CHANGES TO OF FIG	DATE	DIRECT	ORS IN 12
12.	PST OFFICERS AND	DELETE	1.1 III	TI F		ADDITIONS/CHANGES TO OFFIC	JERO AND	Chang	
NAME	ODOM, DAN C.	Steele	1.2 NA		1				
STREET ADDRESS	2815 W NEW HAVEN AVE 20	4			ADDRESS				
CITY-ST-ZIP	W MELBOURNE FL	•		TY-\$1	1				
TITLE	D	DELETE	2.1 TIT					Chang	ge Addition
NAME	ODOM, DAN C.		2.2 NA	AME					
STREET ADDRESS	2815 W NEW HAVEN AVE 20	4	2.3 ST	REET	ADDRESS				
CITY-ST-ZIP	W MELBOURNE FL		2. 4 C	ITY-S	1-ZIP				
TITLE	VD	☐ DELETE	3.1 TII	TLE				Chang	ge Addition
NAME	YOUNG, HENRY T		3.2 NA	AME					
STREET ADDRESS	#9 VERTIE PL		3.3 ST	REE I	ADDRESS				
CITY-ST-ZIP	MILTON PA 17847	- Inches	3.4 C		T - ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE		☐ DELETE	4.1 10					Chang	ge L Addition
NAME			4. 2 N		1000000				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	4.4 CI	TY-ST	-ZIP			Chang	ge Addition
NAME		had becert	5 2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				1Y-S1					
TITLE		DELETE	61 Til					Chang	ge Addition
NAME		<del></del>	6.2 NA	AME	-				
STREET ADDRESS			6 3 ST	REET.	ADDRESS				
CITY-ST-ZIP			6.4 CI	TY-ST	r-zip				
14 Ldo borel	by certify that the information supplied	with this filing does not quali	ify for the	exer	nption stat	ted in Section 119.07(3)(i), Florida Statute nat my signature shall have the same lega	s. I further	certify th	nat the
Informatio I am an o appears i	indicated on mis and a report or s ficer or director of the porporation or h Block 12 or Block 13/if changed, or	opplication and arreport is the receiver or trustee empoy on an ettachment with an action	vered to e dress.	xeci	ute this rep	oort as required by Chapter 617, Florida S	ii enect as Statutes; ai	n made nd that m	впает оаш; mat iy name