2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 19, 2005
Secretary of State

DOCUMENT# N03025

Entity Name: EXECUTIVE WEST OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2815 W. NEW HAVEN AVE. #204
MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

2815 W. NEW HAVEN AVE. #204
MELBOURNE, FL 32904

New Mailing Address:

P.O.BOX 650758
VERO BEACH, FL 32965

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: DAN C. ODOM
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: ODOM, DAN C.,
Address: 2815 W NEW HAVEN AVE 204
City-St-Zip: W MELBOURNE, FL

Title: D ( ) Delete
Name: ODOM, DAN C.,
Address: 2815 W NEW HAVEN AVE 204
City-St-Zip: W MELBOURNE, FL

Title: VD ( ) Delete
Name: MCGUIRE, DEATRA
Address: P O BOX 650758
City-St-Zip: VERO BEACH, FL 32965

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEATRA MCGUIRE VD 09/19/2005
Electronic Signature of Signing Officer or Director — Date