

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03516

1. Entity Name

THE EXECUTIVE CENTER CONDOMINIUM ASSOCIATION, IN

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90044 028 ****61.25

Principal Place of Business

7655 W. GULF TO LAKE HWY.
SUITE 9
CRYSTAL RIVER FL 34429
US

Mailing Address

7655 W. GULF TO LAKE HWY.
SUITE 9
CRYSTAL RIVER FL 34429
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

59-2644499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRINGALI, MICHAEL
7655 W. GULF TO LAKE HIGHWAY
SUITE 9
CRYSTAL RIVER FL 34429

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TRINGALI, MICHAEL
7655 W. GULF TO LAKE HIGHWAY, SUITE 9
CRYSTAL RIVER FL 34429 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WEISS, STEVEN
7655 W. GULF TO LAKE HWY, STE 4
CRYSTAL RIVER FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Carl A. Bertoch PD
7655 w. Gulf to lake Hwy., # 13
Crystal River, FL 34429 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
O'CONNELL, MARK
7655 W GULF TO LAKE HWY #3
CRYSTAL RIVER FL 34429 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 Ago 2001 352364820
Date Daytime Phone #

CR2E037 (10/00)