

FILED  
Sep 11, 2007 8:00 am  
Secretary of State

07-31-2007 90008 019 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                       |                                                                                                                                                                                                                        |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # N06000011418</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       |                                                                                                                                       |                                                                   |
| 1. Entity Name<br><b>2893 EXECUTIVE PARK DRIVE CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                       |                                                                                                                                                                                                                        |                                                                   |
| Principal Place of Business<br><b>2893 EXECUTIVE PARK DRIVE<br/>WESTON FL 33327</b><br><b>#201</b><br><b>33331</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                       | Mailing Address<br><b>2893 EXECUTIVE PARK DRIVE<br/>WESTON FL 33327</b>                                                                                                                                                |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       | 3. Mailing Address                                                                                                                                                                                                     |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                       | Suite, Apt. #, etc.                                                                                                                                                                                                    |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                       | City & State                                                                                                                                                                                                           |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                                               | Zip                                                                                                                                                                                                                    | Country                                                           |
| 4. Fil Number<br><b>20-5848413</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                 |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                       | \$8.75 Additional Fee Required                                                                                                                                                                                         |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>CABLES PROPERTY MANAGEMENT, INC.<br/>1405 NORTH PARK DRIVE<br/>WESTON FL 33326</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                       | 7. Name and Address of New Registered Agent<br>Name <b>Arnold Powell CPA</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>8525 N.W. 53rd Terrace #105</b><br>City <b>Miami</b> FL Zip Code <b>33166</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.<br>SIGNATURE <b>Arnold Powell CPA</b> DATE <b>9/6/07</b>                                                                                                                                                                                                                                                                                                                                                        |                                                                                                       |                                                                                                                                                                                                                        |                                                                   |
| FILE NOW: FEE IS \$81.25<br>Due By September 5, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                        |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                  |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PO<br>GALLAGHER, ROBERT<br>POST OFFICE BOX 288658<br>WESTON FL 33326 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | VD<br>GALLAGHER, LORETTA<br>POST OFFICE BOX 288658<br>WESTON FL 33326 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STD<br>KNISLEY, DONNA<br>POST OFFICE BOX 288658<br>WESTON FL 33326 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 this 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: <b>[Signature]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                       | DATE: <b>9/5/07</b>                                                                                                                                                                                                    |                                                                   |