

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03025

**FILED**  
**Feb 09, 2018**  
**Secretary of State**  
**CC6778622678**

**Entity Name:** EXECUTIVE WEST OFFICE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2815 W. NEW HAVEN AVE.  
SUITE 202  
MELBOURNE, FL 32904

**Current Mailing Address:**

C/O LEROY WHITNEY  
2503 BOGEY LN F  
MELBOURNE, FL 32935-3534 US

**FEI Number:** 34-2065165

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ODOM, DAN C  
2815 WEST NEW HAVEN AVENUE  
SUITE 202  
WEST MELBOURNE, FL 32904 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**Officer/Director Detail :**

Title VPD  
Name ODOM, DAN C.  
Address 2815 W NEW HAVEN AVE  
SUITE 202  
City-State-Zip: W MELBOURNE FL 32904

Title TD  
Name WHITNEY, LEROY FRED  
Address 2503 BOGEY LANE  
APT F  
City-State-Zip: MELBOURNE FL 32935-3534

Title PD  
Name ARCADIER, MAURICE  
Address 2815 W NEW HAVEN AVE 304  
City-State-Zip: WEST MELBOURNE FL 32904

Title SD  
Name GILBERT, SHAWN  
Address 2815 W. NEW HAVEN  
SUITE 302  
City-State-Zip: MELBOURNE FL 32904

*I hereby 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 all other like empowered.*

**SIGNATURE:** LEROY F WHITNEY

**TREASURER**

**02/09/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date