


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 747990</b> 1. Entity Name <b>EXECUTIVE PLAZA CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>6371-4 PRESIDENTIAL CT. FORT MYERS, FL 33919</b>	Mailing Address <b>6371-4 PRESIDENTIAL CT. FORT MYERS, FL 33919</b>
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02012005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1931275</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>RICCIANI, RICHARD R 6371-4 PRESIDENTIAL CT. FT MYERS, FL FT.MYERS, FL 33919</b>
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**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TDS RICCIANI, RICHARD R 3606 SE 21ST AVE CAPE CORAL, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRIFFEY, ROGER K. 6371-4 PRESIDENTIAL CT FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD COLLINS, D. WAYNE 6371-1 PRESIDENTIAL COURT FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000212895  
02/03/05-80048-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/1/05** Daytime Phone #