


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90057 010 ****61.25

DOCUMENT # 747990 1. Entity Name EXECUTIVE PLAZA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6371-4 PRESIDENTIAL CT. FORT MYERS, FL 33919			Mailing Address 6371-4 PRESIDENTIAL CT. FORT MYERS, FL 33919		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 19141 WHITE WING PLACE Suite, Apt. #, etc.			
City & State 		City & State TAMPA, FL.		4. FEI Number 59-1931275	
Zip 		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATHIS, JULIE W 6371-4 PRESIDENTIAL CT. FT. MYERS, FL 33919			7. Name and Address of New Registered Agent Name: ROGER K. GRIFFEY Street Address (P.O. Box Number is Not Acceptable): 19141 WHITE WING PLACE City: TAMPA FL Zip Code: 33647		
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: ROGER K. GRIFFEY <small>Signature, typed or printed name of registered agent and title if applicable</small>				1-19-07 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MATHIS, JULIE W 436 SW 9TH STREET CAPE CORAL, FL 33991		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIFFEY, ROGER K 19141 WHITE WING PLACE TAMPA, FL 33647		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMART, VALERIE G 6371-2 PRESIDENTIAL COURT FT. MYERS, FL 33919		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFEY, JOYCE 19141 WHITE WING PLACE TAMPA, FL 33647		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY/TREAS/DIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V 		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPD DONALD W. COLLINS 8420 GLENFINNAN CIRCLE FORT MYERS, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: ROGER K. GRIFFEY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1-19-07 813-977-4593 <small>Date Daytime Phone #</small>	