

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90040 007 ****61.25

DOCUMENT # 749167

1. Entity Name

EXECUTIVE HOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

2175 SE 6TH ST
UNIT A
POMPANO BEACH FL 33062
US

Mailing Address

2175 SE 6TH ST
UNIT A
POMPANO BEACH FL 33062
US



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

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2050124

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAKAB, CHER
2175 SE 6TH ST
UNIT A
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Cher Jakob

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-17-08

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	FLEMING, MICHAEL	
STREET ADDRESS	8 BRINY AVE. #504	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JAKAB, CHER	
STREET ADDRESS	2175 SE 6TH ST. UNIT A	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILORA, PAUL F	
STREET ADDRESS	1751 NE 42ND ST	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE	S	<input type="checkbox"/> Delete
NAME	JAKAB, GLORIA	
STREET ADDRESS	8 BRINY PLACE	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	BM	<input type="checkbox"/> Delete
NAME	DOUGLAS, ROBERT	
STREET ADDRESS	17 ROYAL PALM WAY #403	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	BM Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA KALOMERIS	
STREET ADDRESS	651 SE 8th AVE	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Cher Jakob

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-08

954-895-5783

Date

Daytime Phone #