

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749167

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** EXECUTIVE HOUSE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2050124

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: DT ( ) Delete  
Name: JAKAB, CHER  
Address: 2175 SE 6TH ST. UNIT A  
City-St-Zip: POMPANO BEACH, FL 33062

Title: VP ( ) Delete  
Name: MILORA, PAUL F  
Address: 1751 NE 42ND ST  
City-St-Zip: OAKLAND PARK, FL 33334

Title: S ( ) Delete  
Name: JAKAB, GLORIA  
Address: 8 BRINY PLACE  
City-St-Zip: POMPANO BEACH, FL 33062

Title: P ( ) Delete  
Name: DOUGLAS, ROBERT  
Address: 17 ROYAL PALM WAY #403  
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM ( ) Delete  
Name: KALOMERIS, LINDA  
Address: 651 SE 8TH AVE  
City-St-Zip: POMPANO BEACH, FL 33060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHER JAKAB

DT

04/20/2009

Electronic Signature of Signing Officer or Director

Date