

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749735 (7)
1. Corporation Name
THE EXECUTIVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**4925 COLLINS AVENUE
MIAMI BEACH FL 33140**

Mailing Address
**4925 COLLINS AVENUE
MIAMI BEACH FL 33140**

3. Date Incorporated or Qualified
11/08/1979

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2036940

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 **4925 COLLINS AVE.**
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26 **4**
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SITOMER, ROY
4925 COLLINS AVENUE
MIAMI BEACH FL 33140**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	NORMAN CIMENT, ESQ.	
STREET ADDRESS	4925 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ISSOD, JAY	
STREET ADDRESS	4925 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CIMENT, NORMAN	
STREET ADDRESS	4925 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SCHIFF, LUIS	
STREET ADDRESS	4925 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHIFF, LOUIS	
STREET ADDRESS	4925 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VICE - PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	BROOKE BELL	
23 STREET ADDRESS	4925 COLLINS AVE.	
24 CITY-ST-ZIP	MIAMI BEACH FLA. 2	
31 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	FRANCISCO NIETO	
33 STREET ADDRESS	4925 COLLINS AVE.	
34 CITY-ST-ZIP	MIAMI BEACH, FLA	
41 TITLE	SECRETARY/Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	CAROLE SIZER	
43 STREET ADDRESS	4925 COLLINS AVE.	
44 CITY-ST-ZIP	MIAMI BEACH, FLA	
51 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)