

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

4925 COLLINS AVENUE
MIAMI BEACH FL 331404925 COLLINS AVENUE
MIAMI BEACH FL 33140-2740

4925 COLLINS AVE

4925 COLLINS AVE.

2. Principal Place of Business

2a. Mailing Address

21 1944T. OFFICE

26 1944T. OFFICE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 H.O. FLA.

27 H.O. FLA.

City & State

City & State

23 33140 U.S.A.

28 33140

Zip

Country

Zip

Country

24

25

29

30

U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/08/19793a. Date of Last Report
01/25/1996

4. FEI Number

59-2036940

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

10. Name and Address of New Registered Agent

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 ROY SITHNER

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

(NOTE: Registered Agent signature required when reinstating)

DATE 1/19/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SV
NAME NORMAN CIMENT, ESQ.
STREET ADDRESS 4925 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL
☒ DELETE11 TITLE V.P.
12 NAME NESTOR OLIVEIRA
13 STREET ADDRESS 4925 COLLINS AVE.
14 CITY-ST-ZIP H.O. FLA. 33140
☒ Change ☐ AdditionTITLE P
NAME BELL, BROOKE
STREET ADDRESS 4925 COLLINS AVE.
CITY-ST-ZIP MIAMI BEACH FL
☒ DELETE21 TITLE RICHARD THOMAS
22 NAME 4925 COLLINS AVE
23 STREET ADDRESS H.O. FLA 33140
24 CITY-ST-ZIP
☒ Change ☐ AdditionTITLE D
NAME NIETO, FRANCISCO
STREET ADDRESS 4925 COLLINS AVE.
CITY-ST-ZIP MIAMI BEACH FL
☒ DELETE31 TITLE EMMANUEL HATYGEOLGE
32 NAME 4925 COLLINS AVE.
33 STREET ADDRESS H.O. FLA 33140
34 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE ST
NAME SITZER, CAROLE
STREET ADDRESS 4925 COLLINS AVE.
CITY-ST-ZIP MIAMI BEACH FL
☒ DELETE41 TITLE LILLIAN EPSTEIN
42 NAME 4925 COLLINS AVE
43 STREET ADDRESS H.O. FLA. 33140
44 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE D
NAME SCHIFF, LOUIS
STREET ADDRESS 4925 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH FL
☐ DELETE51 TITLE
52 NAME 800002065468
53 STREET ADDRESS -01/23/97--01008--003
54 CITY-ST-ZIP ***61.25
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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 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: Lillian Epstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 305-674-1458

CR2E037 (9/96)