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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(7)

THE E	XECUTIVE CONDOMINIUM	ASSOCIATION, INC.					en en en en		
Principal Place of Business		Mailing Address						<b>air</b> ii <b>air</b> ii 41 <b>a</b> i	
4925 COLLINS AVENUE		4925 COLLINS AVENUE			3. Date Incorporated or Qualified				
MGMT. OFFICE MIAMI BEACH FL 33140		MGMT. OFFICE MIAMI BEACH FL 33140			11/08/1979				
	1 2 201 10	MINIMA DO TOTT TE COTTO				4- FEI Number			Applied For
2- Principal P	Place of Business	2a. Mailing Address				59-2036940			Not Applicable
21		26			5. Certificate of Status Desired			Additional Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing			May Be	
City & State		City & State			Trust Fund Contribution	<u> </u>		to Fees	
23		28			7. Is this nonprofit corporation a hi	omeowners Yes		on?	
Zip	Country	Zip	Co	untry		8. This corporation owes or has pa			ntangible
24	25	29	30			Personal Property Tax due June	30. 🔲	Yes	□No
	9. Name and Address of Curre	nt Registered Agent		81	N	10. Name and Address of New Re	gistered A	gent	
CITOLICI	D. DOV			81	Name				
SITOMEI 4925 CC	H, HUT DLLINS AVENUE			82	Street Ad	ddress (P.O. Box Number is Not Acceptat	ole)		
	EACH FL 33140			83				•	
				84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 617 050	2 and 617 1508 Florida State	utac the e	abovo i	named co	orporation submits this statement for the p		hanging	its registered
***	10 0.0 10 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.	ar alla a i i i accè i i laurat atan	nras' nie a	augve-i					
office or r	egistered agent, or both, in the State in familiar with, and accept the origin	e of Florida. Such change was lations of, Section 617.0503, F	authorize Florida Sta	ed by tatutes.	he corpor	ration's board of directors. I hereby acce	ot the appoi	niment as	s registered
SIGNATURE .	169		Roy S	Sito	omer	orporation submits this statement for the pration's board of directors. I hereby accept	ot the appoi		s registered
SIGNATURE .	Signature, typical or printed name or agristered age	ent and title if applicable. (NO	ROY S	Sito ed Agent	omer	quited when reinstating)	/21/9	8	
SIGNATURE .	Signature, typical or printed name or agristered age		ROY S DTE: Registere 13.	Sito ed Agent	omer	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	/21/9 DATE CERS AND D	8	RS IN 12
SIGNATURE .	Signature, typod or printed name of agristered ago OFFICERS AN	ent and title if applicable. (NO	Roy S TE: Registere 13.	Sito ed Agent	omer signature rec	quired when reinstainig)  ADDITIONS/CHANGES TO OFFIC  VP	/21/9 DATE CERS AND D	8 IRECTO	
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SIGNATURE .  12.  TITLE  NAME	Signature, by od or printed same suggistered age OFFICERS AN VP OLIVEIRA, NESTOR	ent and title if applicable. (NO ID DIRECTORS	Roy S TE: Registere 13. 1.1 T 1.2 N 1.3 S	Sito red Agent TITLE NAME	omer signature rec	quired when reinstaining)  ADDITIONS/CHANGES TO OFFICE  VP  Merry Haber  4925 Collins Avenu	21/9 DATE ERS AND E	8 PIRECTOI 3 Change	RS IN 12
SIGNATURE	Signature, typical or printed name or gristered age OFFICERS AN  VP OLIVEIRA, NESTOR 4925 COLLINS AVENUE MIAMI BEACH FL 33140 P	ent and title if applicable. (NO	Roy S TE: Registere 13. 1.1 T 1.2 N 1.3 S	Sito red Agent TITLE NAME STREET AL	omer signature rec	quired when reinstains)  ADDITIONS/CHANGES TO OFFIC  VP  Merry Haber	21/9 DATE ERS AND E	8 IRECTO	RS IN 12
SIGNATURE	Signature, typical or printed name organization age OFFICERS AN  VP OLIVEIRA, NESTOR 4925 COLLINS AVENUE MIAMI BEACH FL 33140 P THOMAS, RICHARD	ent and title if applicable. (NO ID DIRECTORS	Roy S DTE: Registere 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N	Sito red Agent TITLE NAME STREET AL CITY-ST- TITLE	OMEY signature rec  DDRESS ZIP	quired when reinstaining)  ADDITIONS/CHANGES TO OFFICE  VP  Merry Haber  4925 Collins Avenu	21/9 DATE ERS AND E	8 PIRECTOI 3 Change	RS IN 12
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I 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 ayadoment with an address.

SIGNATURE:

**FILED** 

Jan 29 1998 8:00am

Secretary of State