


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90048 044 \*\*\*\*61.25

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|---|----------------------|---|--|--|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>   |                      |  |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # 749735</b>  |                      |   |  |  |  |
| 1. Corporation Name<br><b>THE EXECUTIVE CONDOMINIUM ASSOCIATION, INC.</b>   |                      |   |  |  |  |
| Principal Place of Business<br>4925 COLLINS AVENUE<br>MGMT. OFFICE<br>MIAMI BEACH FL 33140  |                      |   | Mailing Address<br>4925 COLLINS AVENUE<br>MGMT. OFFICE<br>MIAMI BEACH FL 33140 |  |  |
| 2. Principal Place of Business  |                      | 2a. Mailing Address   |  | 3. Date Incorporated or Qualified  |  |
| 21 Suite, Apt. #, etc.  |                      | 26 Suite, Apt. #, etc.  |  | 11/08/1979   |  |
| 22 City & State   |                      | 27 City & State   |  | 4. FEI Number  |  |
| 23 Zip  |                      | 28 Zip  |  | 59-2036940   |  |
| 24 Country  |                      | 29 Country  |  | 30   |  |
| 9. Name and Address of Current Registered Agent   |                      |   | 10. Name and Address of New Registered Agent                                   |  |  |
| SITOMER, ROY<br>4925 COLLINS AVENUE<br>MIAMI BEACH FL 33140   |                      |   | 81 Name  |  |  |
|   |                      |   | 82 Street Address (P.O. Box Number is Not Acceptable)                          |  |  |
|   |                      |   | 83   |  |  |
|   |                      |   | 84 City  |  |  |
|   |                      |   | 85 Zip Code  |  |  |
|   |                      |   | FL   |  |  |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                      |   |  |  |  |
| 12. OFFICERS AND DIRECTORS  |                      |   |  |  |  |
| TITLE   | VP                   | <input checked="" type="checkbox"/> DELETE  |  |  |  |
| NAME  | HABER, MERRY         |   |  |  |  |
| STREET ADDRESS  | 4925 COLLINS AVE     |   |  |  |  |
| CITY-ST-ZIP   | MIAMI BEACH FL 33140 |   |  |  |  |
| TITLE   | P                    | <input type="checkbox"/> DELETE   |  |  |  |
| NAME  | THOMAS, RICHARD      |   |  |  |  |
| STREET ADDRESS  | 4925 COLLINS AVENUE  |   |  |  |  |
| CITY-ST-ZIP   | MIAMI BEACH FL 33140 |   |  |  |  |
| TITLE   | D                    | <input checked="" type="checkbox"/> DELETE  |  |  |  |
| NAME  | BERK, JOAN           |   |  |  |  |
| STREET ADDRESS  | 4925 COLLINS AVE     |   |  |  |  |
| CITY-ST-ZIP   | MIAMI BEACH FL 33140 |   |  |  |  |
| TITLE   | ST                   | <input type="checkbox"/> DELETE   |  |  |  |
| NAME  | ISAZA, PATRICIA      |   |  |  |  |
| STREET ADDRESS  | 4925 COLLINS AVENUE  |   |  |  |  |
| CITY-ST-ZIP   | MIAMI BEACH FL 33140 |   |  |  |  |
| 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   |                      |   |  |  |  |
| 1.1 TITLE   | VP                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |  |  |
| 1.2 NAME  | PATRICIA MURRAY      |   |  |  |  |
| 1.3 STREET ADDRESS  | 4925 COLLINS AVE     |   |  |  |  |
| 1.4 CITY-ST-ZIP   | MIAMI BEACH FL 33140 |   |  |  |  |
| 2.1 TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |  |  |
| 2.2 NAME  |                      |   |  |  |  |
| 2.3 STREET ADDRESS  |                      |   |  |  |  |
| 2.4 CITY-ST-ZIP   |                      |   |  |  |  |
| 3.1 TITLE   | D                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |  |  |
| 3.2 NAME  | GERTRUDE ARFA        |   |  |  |  |
| 3.3 STREET ADDRESS  | 4925 COLLINS AVE     |   |  |  |  |
| 3.4 CITY-ST-ZIP   | MIAMI BEACH FL 33140 |   |  |  |  |
| 4.1 TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |  |  |
| 4.2 NAME  |                      |   |  |  |  |
| 4.3 STREET ADDRESS  |                      |   |  |  |  |
| 4.4 CITY-ST-ZIP   |                      |   |  |  |  |
| 5.1 TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |  |  |
| 5.2 NAME  |                      |   |  |  |  |
| 5.3 STREET ADDRESS  |                      |   |  |  |  |
| 5.4 CITY-ST-ZIP   |                      |   |  |  |  |
| 6.1 TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |  |  |
| 6.2 NAME  |                      |   |  |  |  |
| 6.3 STREET ADDRESS  |                      |   |  |  |  |
| 6.4 CITY-ST-ZIP   |                      |   |  |  |  |

SIGNATURE:

SIGNATURE REQUIRED

2/2/99

(305) 674-1458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)