NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 749735

1. Corporation Name

THE EXECUTIVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
4925 COLLINS AVENUE
MGMT. OFFICE
MIAMI BEACH FL 33140

Mailing Address

4925 COLLINS AVENUE MGMT. OFFICE

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

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

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MGMT. OFFICE MGMT. OFFICE MIAMI BEACH FL 33140 MIAMI BEACH FL 33140								
2. Principal P	lace of Business	2a. Mailing Address		<u> </u>	Date Incorporated or Qualifed 11/08/1979			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number 59-2036940			plied For t Applicable
City & Stat	e	City & State			5. Certifcate of Status Desired		\$8.75 A Fee Re	
Zip 24	Country 25	Zip	Country	<del></del>	Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
	9. Name and Address of Curre				10. Name and Address of New F	tegistered /	Agent	
<del>                                     </del>	T. (talle and Addition of Ourse		81	Name				
SITOMER,			82	Street Add	ress (P.O. Box Number is Not Accepte	ible)		
	LINS AVENUE ACH FL 33140		83		· · · · · · · · · · · · · · · · · · ·			·,
			84	City		FL	85 Zip (	·
11. Pursuant office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig:	of Florida. Such change was autations of, Section 617.0503, Florida.	tnonzed by da Statutes	the corporati	poration submits this statement for the ion's board of directors. I hereby accept	ot the appoin	itment as re	gistered
	Signature, typed or printed name of registered age			nt signature requir	ed when reinstating) ADDITIONS/CHANGES TO OF		O OIRECTO	DS IN 12
12.		ND DIRECTORS	13.	173		FICENS AN	Change	Addition
TITLE	Ų VP	<b>⊠</b> DELETE	1.1 TITLE	. \	ATRICE MURRAY	•	Diconailde	_; A0010011
NAME	HABER, MERRY		1.2 NAME		ATRION MURRAY 921- GUINA AVE	•		*
STREET ADDRESS	4925 COLLINS AVE		1.3 STREE	TADORESS 4	110mi Beach FL.	3 3 11/2		
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 CITY-S	T-ZIP /	118mi beach The	33170		
TITLE	P	☐ DELETE	2.1 TITLE			•	Change	☐ Addition
NAME	THOMAS, RICHARD		2.2 NAME			·		
STREET ADDRESS	4925 COLLINS AVENUE		2.3 STREE	TADDRESS			•	i
CITY-ST-ZIP	MIAMI BEACH FL 33140		2. 4 CITY-	ST-ZIP				
TITLE	D	<b>▼</b> DELETE	3.1 TITLE	1	>		Change	Addition Addition
NAME	BERK, JOAN	·	3.2 NAME	5	ERTRUDE ARPIT		•	
STREET ADDRESS	4925 COLLINS AVE		3.3 STREE	TADDRESS #	925 COLLINS THE	٠.,		
CITY-ST-ZIP	MIAMI BEACH FL 33140		3.4. CITY-5	ST-ZIP	ERTRUDE ARFA GYN COLLINS ATE DIOMI BOACH 7L =	33140		
TITLE	ST	DELETE	4.1 TITLE				Change	☐ Addition
NAME	ISAZA, PATRICIA		4.2 NAME					
STREET ADDRESS	4925 COLLINS AVENUE		4.3 STREE	TADDRESS		•		
CITY-ST-ZIP	MIAMI BEACH FL 33140		4.4 CITY-S	T-ZIP			:	
TITLE	D	□ DELETE	5.1 TITLE				Change	☐ Addition
NAME	SCHIFF, LOUIS	_	5.2 NAME	1				
STREET ADDRESS	4925 COLLINS AVENUE		5.3 STREE	T ADDRESS			•	
	MIAMI BEACH FL		5.4 CITY- S		٠,			
CITY-ST-ZIP TITLE	MUNITURE DEMONITE	□ DELETE	6.1 TITLE				Change	☐ Addition
1	<b>l</b> .	<u> </u>	6.2 NAME					
NAME	<b>]</b> .			T ADDRESS			•	

14. 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 attagment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99 (305)674-1418
Date Daytime Phone #

CR2E037 (11/98)