

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749735

1. Entity Name

THE EXECUTIVE CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90016 029 ****61.25

Principal Place of Business

Mailing Address

4925 COLLINS AVENUE
MGMT. OFFICE
MIAMI BEACH FL 33140

4925 COLLINS AVENUE
MGMT. OFFICE
MIAMI BEACH FL 33140-2740

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2036940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SITOMER, ROY
4925 COLLINS AVENUE
MIAMI BEACH FL 33140

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☒ Delete
NAME MURRAY, PATRICIA
STREET ADDRESS 4925 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE VP ☐ Change ☒ Addition
NAME CAROLE SITZER
STREET ADDRESS 4925 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE P ☒ Delete
NAME THOMAS, RICHARD
STREET ADDRESS 4925 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE D ☐ Change ☒ Addition
NAME EVELYN SEIDENFELD
STREET ADDRESS 4925 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE D ☐ Delete
NAME ARFA, GERTRUDE
STREET ADDRESS 4925 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE PRESIDENT ☒ Change ☐ Addition
NAME ARFA, GERTRUDE
STREET ADDRESS 4925 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ST ☐ Delete
NAME ISAZA, PATRICIA
STREET ADDRESS 4925 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SCHIFF, LOUIS
STREET ADDRESS 4925 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 25, 2000

Date

(305) 674-1458

Daytime Phone #