

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91519 014 \*\*\*\*61.25

**DOCUMENT # 749735**

1. Entity Name

**THE EXECUTIVE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**4925 COLLINS AVENUE  
 MGMT. OFFICE  
 MIAMI BEACH FL 33140**

**4925 COLLINS AVENUE  
 MGMT. OFFICE  
 MIAMI BEACH FL 33140**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2036940**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

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 **RICHARD THOMAS**  
 Street Address (P.O. Box Number is Not Acceptable) **4925 COLLINS AVENUE**  
**APT 10A**  
 City **MIAMI BEACH FL** Zip Code **33140**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/29/02**

**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	<input checked="" type="checkbox"/> Delete
NAME	VOLK, RON	
STREET ADDRESS	4925 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SITZER, CAROLE	
STREET ADDRESS	4925 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ARFA, GERTRUDE	
STREET ADDRESS	4925 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ISAZA, PATRICIA	
STREET ADDRESS	4925 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HAGGERTY, JAMES	
STREET ADDRESS	4925 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI FL 33140	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HATYJGEORGE, EMANUEL	
STREET ADDRESS	4925 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI FL 33140	

TITLE	PRES	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD THOMAS	
STREET ADDRESS	4925 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA MURRAY	
STREET ADDRESS	4925 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	SECRET/PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMANUEL HATYJGEORGE	
STREET ADDRESS	4925 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAIM BOTACH	
STREET ADDRESS	4925 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVELYN SEIDENFELD	
STREET ADDRESS	4925 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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]*

**4/29/02**

**305 674-7458**

CR2E037 (9/01)