


# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90389 001 \*\*\*\*\*8.75  
04-29-2004 90389 002 \*\*\*\*\*61.25

<b>DOCUMENT # 749735</b>	
1. Entity Name <b>THE EXECUTIVE CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>4925 COLLINS AVENUE MGMT. OFFICE MIAMI BEACH, FL 33140</b>	Mailing Address <b>4925 COLLINS AVENUE MGMT. OFFICE MIAMI BEACH, FL 33140</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04222004 Chg-NP CR2E037 (10/03)

4. -FEI Number <b>59-2036940</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>THOMAS, RICHARD 4925 COLLINS AVENUE APT 10A MIAMI BEACH, FL 33140</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, RICHARD 4925 COLLINS AVENUE MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MURRAY, PATRICIA 4925 COLLINS AVENUE MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WINICK, PAULINE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINICK, PAULINE 4925 COLLINS AVE., #12A MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR OLIVEIRA, NESTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4925 COLLINS AVE #113 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BETACH, CHIAM 4925 COLLINS AVENUE MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VELASCO, CARMEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4925 COLLINS AVE #6E MIAMI BEACH FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SITZER, CAROLE 4925 COLLINS AVENUE MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: RICHARD THOMAS PRES** *[Signature]* **04/22/04** **305-674-1454**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #