

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749735

FILED  
Apr 02, 2008  
Secretary of State

**Entity Name:** THE EXECUTIVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4925 COLLINS AVENUE  
MGMT. OFFICE  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

4925 COLLINS AVENUE  
MGMT. OFFICE  
MIAMI BEACH, FL 33140

**New Mailing Address:**

**FEI Number:** 59-2036940

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF  
121 ALHAMBRA PLAZA,  
10TH FLOOR  
CORAL GABLES, FL 3333134 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: WINICK, PAULINE  
Address: 4925 COLLINS AVENUE #12A  
City-St-Zip: MIAMI BEACH, FL 33140

Title: P ( ) Delete  
Name: GELBLUM, JEFF  
Address: 4925 COLLINS AVE., #11F  
City-St-Zip: MIAMI BEACH, FL 33140

Title: S ( ) Delete  
Name: BARISON, CELSO  
Address: 4925 COLLINS AVENUE #9A  
City-St-Zip: MIAMI BEACH, FL 33140

Title: T ( ) Delete  
Name: SITZER, CAROLE  
Address: 4925 COLLINS AVENUE #11A  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: LEIFER, ROGER  
Address: 4925 COLLINS AVENUE #12E  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. JEFF GEBLUM

P

04/02/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date