2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# 749735

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: S (X) Change ( ) Addition
Name: FERNANDEZ, MIGUEL
Address: 4925 COLLINS AVENUE #10A
City-St-Zip: MIAMI BEACH, FL 33140

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: JEFF GELBLUM DR. 03/20/2009

Electronic Signature of Signing Officer or Director — Date