


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90064 003 ****61.25

DOCUMENT # 752363 1. Entity Name EXECUTIVE MANOR SUBDIVISION UNIT 1 & UNIT 2, INC.			
Principal Place of Business 2225 47TH TERR. VERO BEACH, FL 32966 US		Mailing Address 2225 47TH TERR. VERO BEACH, FL 32966 US	
2. Principal Place of Business - No P.O. Box # 2416 47th Terrace Suite, Apt. #, etc.		3. Mailing Address 2416 47th Terrace Suite, Apt. #, etc.	
City & State Vero Beach Florida Zip 32966 Country		City & State Vero Beach, Florida Zip 32966 Country USA	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELLIOTT, RICHARD D 2225 47TH TERR. VERO BEACH, FL 32966		7. Name and Address of New Registered Agent Name Amanda Murdock Street Address (P.O. Box Number is Not Acceptable) 2416 47th Terrace City Vero Beach FL Zip Code 32966	
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 <u><i>Amanda J. Murdock</i></u> DATE <u>03/03/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STEPANEK, JOHN 2410 47TH TERR. VERO BEACH, FL 32966	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER Amanda Murdock 2416 47th Terrace VERO BEACH FL 32966
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ELLIOTT, RICHARD 2225 47TH TERR. VERO BEACH, FL 32966	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ELLIOTT, TERRI 2225 47TH TERR. VERO BEACH, FL 32966	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
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
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 exemptions contained 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 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: <u><i>John S. Stepanek</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>03/03/08</u> Daytime Phone # <u>772-360-6103</u>	