

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90027 019 ****61.25

DOCUMENT # 769080

1. Entity Name
**EXECUTIVE MANAGERS ASSOCIATION, INC. IN THE
STATE OF FLORIDA**



Principal Place of Business
**21471 WOODCHUCK LANE
BOCA RATON, FL 33428 US**

Mailing Address
**21471 WOODCHUCK LANE
BOCA RATON, FL 33428 US**

40035358



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2495382

Applied For
Not Applicable

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

**WEBB, MIRIAM R
21471 WOODCHUCK LANE
BOCA RATON, FL 33428**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **S** ☒ Delete
NAME **ALLEN, KENETH**
STREET ADDRESS **1480 MESTERG CIR #170**
CITY-ST-ZIP **DELRAY BEACH, FL 334455762**

TITLE **S** ☐ Change ☒ Addition
NAME **Thompson-Leopard, Linda**
STREET ADDRESS **4748 S. Ocean Blvd**
CITY-ST-ZIP **Highland Beach, FL 33487**

TITLE **D** ☒ Delete
NAME **LENTZ, JAMES**
STREET ADDRESS **510 OAK WAY #102**
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE **S** ☐ Change ☒ Addition
NAME **Sterner, Marti**
STREET ADDRESS **5323 Courtney Circle**
CITY-ST-ZIP **Boynton Beach FL 33437**

TITLE **D** ☐ Delete
NAME **DEARING, GARY**
STREET ADDRESS **4750 S. OCEAN BLVD. #106**
CITY-ST-ZIP **HIGHLAND BEACH, FL 33487**

TITLE **VP** ☒ Change ☐ Addition
NAME **Dearing, Gary**
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **WEBB, MIRIAM**
STREET ADDRESS **21471 WOOD CHUCK LANE**
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **RICH, MICHAEL**
STREET ADDRESS **1200 S. OCEAN BLVD.**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **HATFIELD, BRUCE**
STREET ADDRESS **3912 S. OCEAN BLVD**
CITY-ST-ZIP **HIGHLAND BCH, FL 33487**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Miriam R. Webb

Miriam R. Webb

3/10/06

561-451-4689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #