

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996 4-17-96

B- 3805 (8)

C

DOCUMENT # N00304

1. Corporation Name

EXECUTIVE CENTER PLAZA OFFICE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

400 EXECUTIVE CENTER DR.
SUITE 206
WEST PALM BEACH FL 33401
US

Mailing Address

400 EXECUTIVE CENTER DR.
SUITE 206
WEST PALM BEACH FL 33401
US

3. Date Incorporated or Qualified
12/13/1983

3a. Date of Last Report
09/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-1279406

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBINSON, HARRY D.
400 EXECUTIVE CENTER DRIVE
SUITE 206
WEST PALM BEACH FL 33401

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME FLOYD, DR. THOMAS
STREET ADDRESS 400 EXECUTIVE CENTER DRIVE, SUITE 105
CITY-ST-ZIP WEST PALM BEACH FL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME DORMAN, EDMOND
STREET ADDRESS 400 EXECUTIVE CENTER DRIVES, SUITE 204
CITY-ST-ZIP WEST PALM BEACH FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
NAME ROBINSON, HARRY D.
STREET ADDRESS 400 EXECUTICE CENTER DRIVE, SUITE 206
CITY-ST-ZIP WEST PALM BEACH FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME CRUSE, ROBERT
STREET ADDRESS 400 EXECUIVE CENTER DRIVE, SUITE 209
CITY-ST-ZIP WEST PALM BEACH FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GOODMARK, JERRY
STREET ADDRESS 400 EXECUTIVE CENTER DRIVE, SUITE 110
CITY-ST-ZIP WEST PALM BEACH FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME COLBATH, WALTER
STREET ADDRESS 400 EXECUTIVE CENTER DRIVE, SUITE 105
CITY-ST-ZIP WEST PALM BEACH FL ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Harry D. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96
Date

407-684-2750
Daytime Phone #

CR2E037 (12/95)