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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N00304** **(8)**

1. Corporation Name:

EXECUTIVE CENTER PLAZA OFFICE CONDOMINIUM ASSOCI ATION, INC.

Principal Place of Business	Mailing Address
400 EXECUTIVE CENTER DR. SUITE 206 WEST PALM BEACH FL 33401 US	400 EXECUTIVE CENTER DR. SUITE 206 WEST PALM BEACH FL 33401-2922 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 12/13/1983

3a. Date of Last Report: 04/17/1996

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**

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

10. **Name and Address of New Registered Agent**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FLOYD, DR. THOMAS		1.2 NAME	
STREET ADDRESS	400 EXECUTIVE CENTER DRIVE, SUITE 105		1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DORMAN, EDMOND		2.2 NAME	
STREET ADDRESS	400 EXECUTIVE CENTER DRIVES, SUITE 204		2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, HARRY D.		3.2 NAME	
STREET ADDRESS	400 EXECUTICE CENTER DRIVE, SUITE 206		3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CRUSE, ROBERT		4.2 NAME	
STREET ADDRESS	400 EXECUIVE CENTER DRIVE, SUITE 209		4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GOODMARK, JERRY		5.2 NAME	
STREET ADDRESS	400 EXECUTIVE CENTER DRIVE, SUITE 110		5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	COLBATH, WALTER		6.2 NAME	
STREET ADDRESS	400 EXECUTIVE CENTER DRIVE, SUITE 105		6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 3/6/97 561-684-2750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0038217