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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/13/1983

4. FEI Number

59-1279406

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P. ☐ DELETE

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

TITLE VP. ☐ DELETE

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

TITLE ST. ☐ DELETE

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

TITLE D. ☐ DELETE

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

TITLE D. ☐ DELETE

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

TITLE D. ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Harry D. Robinson* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99

Date

561-684-2750

Daytime Phone #

CR2E037 (11/98)