

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90032 035 ****61.25

DOCUMENT # N00304

1. Entity Name

**EXECUTIVE CENTER PLAZA OFFICE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**400 EXECUTIVE CENTER DR.
STE 103B
WEST PALM BEACH FL 33401
US**

Mailing Address

**400 EXECUTIVE CENTER DR.
STE 103B
WEST PALM BEACH FL 33401
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1279406

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

**FLOYD, THOMAS P
400 EXECUTIVE CENTER DRIVE
SUITE 105
WEST PALM BEACH FL 33401**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

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

TITLE **PD** ☐ Delete
NAME **DURRANCE, DALLAS**
STREET ADDRESS **400 EXECUTIVE CENTER DR #107**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **VP** ☐ Delete
NAME **MASSEY, H W JR**
STREET ADDRESS **400 EXECUTIVE CENTER DR #205**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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 **HUGHES, CLAUDIA**
STREET ADDRESS **400 EXECUTIVE CENTER DR #207**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **Director** ☐ Delete
NAME **Larry Donald Murrell, Jr.**
STREET ADDRESS **400 Executive Center Drive, Ste 210**
CITY-ST-ZIP **West Palm Beach, FL 33401**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Secretary/Treasurer** ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President** ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President** ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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: *[Signature]* **DALLAS H DURRANCE** **3/31/04** **561 689-5455**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #