## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # N00304

1. Entity Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## EXECUTIVE CENTER PLAZA OFFICE CONDOMINIUM ASSOCIATION, INC.



FILED Mar 23, 2005 8:00 am Secretary of State

03-23-2005 90035 041 \*\*\*\*61.25

Mailing Address OEXECUTIVE CENTER DR. STE 1038  WEST PALM BEACH FL 33401 US  Throughed Place of Blushmest  FLE North Read Place of Blushmest  City & State	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			200 m				
STE 103B WEST PALM BEACH FL 33401  STE 103B WEST PALM BEACH FL 33401  STE 103B WEST PALM BEACH FL 33401  Sulto, Apt. e. etc.  Sulto, Ap	Principal Place of Business Mailing Address							
Sulto, Apt. 4, etc.  City & State  City & St	400 EXECUTIVE CENTER DR. 400 E STE 103B STE WEST PALM BEACH FL 33401 WES		STE 103B WEST PALM BEACH FL	103B			ECENI KINN DISM SISM KILINDI OS (SEI	
City & State    City & State    City & State    City & State    Secretary (Types)   Country   Secretary (Types)   Secretary (T	Principal Place of Business     3. Ma		3. Mailing Address	ailing Address				
Solution	Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			1st MOORE		
Secretary   Secr	City & State		City & State			EO 1070406		
FLOYD, THOMAS P 400 EXECUTIVE CENTER DRIVE SUITE 105 WEST PALM BEACH FL 33401  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I	Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional	
FLOYD, THOMAS P 400 EXECUTIVE CENTER DRIVE SUITE 105  WEST PALM BEACH FL 33401  Siner Address (P O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL Zip Code  Something agent and state and state 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 agent and their applicable profit for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the control of Change and Addison and the property of the part of the par		6. Name and Address of Current Re	gistered Agent	T		7. Name and Address of New Registe	red Agent	
400 EXECUTIVE CENTER DRIVE SUITE 105 WEST PALM BEACH FL 33401  City FL ZD Code  The obligations of registered agent, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am smillar with, and accept the obligations of registered agent.  SIGNATURE  Signature, bytelor invendence in egostered agent and rider if apotentials  (NOTE Requirement Agent spoaker required separation)  ONTE  FILE NOW: FEE IS \$81.25  Disc By May 1, 2005  9. Beaction Campaign Financing Trust Fund Convirtibution.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Secretary/Treasurer/Director \$2 towage   Addition FLOVD, DR. THOMAS  FLOVD, DR. THOMAS  OR EXECUTIVE CENTER DRIVE, SUITE 105  WEST PALM BEACH FL 33401  INE  NAME  SHEET ADDRESS  OTY-S1-2P  NAME  AND EXECUTIVE CENTER DR #107  WEST PALM BEACH FL 33401  INE  DAMASEY, H.W., R  Delete  NAME  SHEET ADDRESS  OTY-S1-2P  NAME  GOODMARK, JERRY  WEST PALM BEACH FL 33401  INE  DO EXECUTIVE CENTER DR #205  OTY-S1-2P  NAME  SHEET ADDRESS  OTY-S1				Name				
### REALM BEACH FL 33401  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  ### Signalus, typed or private same of registered agent.  ### FILE NOW: FEE IS \$61.25    Due By May 1, 2005   Due By	400 EXECUTIVE CENTER DRIVE			Street A	ddress (l	P.O. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATU								
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FILE NOW: FEE IS \$61.25   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 19.    THE STEEL ADDRESS CITY-ST-2P   PD DURRANCE, DALLAS   10.    THE PD DURRANCE, DALLAS   10.    THE PD DURRANCE, DALLAS   10.    THE NAME STREET ADDRESS CITY-ST-2P   10								
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Due By May 1, 2005   Trust Fund Contribution.   Added to Fees   Floridal Department of State								
STEEL ADDRESS CITY-ST-ZIP								
STEEL ADDRESS CITY-ST-ZIP							D DIDEOTODO IN LA	
FLOYD, DR. THOMAS SIREELADDRESS CITY-ST-ZIP  FLOYD, DR. THOMAS SOEXECUTIVE CENTER DRIVE, SUITE 105 SIREELADDRESS CITY-ST-ZIP  FLOYD, DR. THOMAS SOEXECUTIVE CENTER DRIVE, SUITE 105 SIREELADDRESS CITY-ST-ZIP  FLOYD, DR. THOMAS SIREELADDRESS CITY-ST-ZIP  FLOYD, DR. THOMAS SIREELADDRESS SIREELADDRESS CITY-ST-ZIP  FLOYD, DR. THOMAS SIREELADDRESS CITY-ST-ZIP  FLOYD, ST-ZIP  FLOYD, DR. THOMAS SIREELADDRESS CITY-ST-ZIP  FLOYD, DR.	1							
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WEST PALM BEACH FL  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  WEST PALM BEACH FL  D HUGHES, CLAUDIA A00 EXECUTIVE CENTER DR #207 WEST PALM BEACH FL 33401  TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS C			HTE 110			·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP  HUGHES, CLAUDIA 400 EXECUTIVE CENTER DR #207 WEST PALM BEACH FL 33401  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Larry Donald Murrell, Jr. STREET ADDRESS CITY-ST-ZIP West Palm Beach, FL 33401  TITLE 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		·	one no					
NAME STREET ADDRESS CITY-ST-ZIP  HUGHES, CLAUDIA 400 EXECUTIVE CENTER DR #207 WEST PALM BEACH FL 33401  HITLE NAME STREET ADDRESS CITY-ST-ZIP  Larry Donald Murrell, Jr. 40.0 Executive Center Drive, Suite 200 West Palm Beach, FL 33401  ITTLE NAME STREET ADDRESS CITY-ST-ZIP  Larry Donald Murrell, Jr. 40.0 Executive Center Drive, Suite 200 West Palm Beach, FL 33401  ITTLE NAME STREET ADDRESS CITY-ST-ZIP  12. 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	OHI OI E		17) p. 144		Dire	notor " " " " " " " " " " " " " " " " " " "	Change V Addition	
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CITY-ST-ZIP WEST PALM BEACH FL 33401  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. 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	1 1			•			. Suite 200	
TITLE  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	CITY-ST-ZIP	WEST PALM BEACH FL 33401		CITY-ST-ZIP				
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