


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90412 044 \*\*\*\*61.25

<b>DOCUMENT # N00304</b> 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 105			Suite, Apt. #, etc. SUITE 105		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02122006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-1279406				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  FLOYD, THOMAS P 400 EXECUTIVE CENTER DRIVE SUITE 105 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent  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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD FLOYD, DR. THOMAS 400 EXECUTIVE CENTER DRIVE, SUITE 105 WEST PALM BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DURRANCE, DALLAS 400 EXECUTIVE CENTER DR #107 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MASSEY, H W JR 400 EXECUTIVE CENTER DR #205 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOODMARK, JERRY 400 EXECUTIVE CENTER DRIVE, SUITE 110 WEST PALM BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUGHES, CLAUDIA 400 EXECUTIVE CENTER DR #207 WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MURRELL, LARRY D JR 400 EXECUTIVE CENTER DRIVE SUITE 200 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANN PERRY 400 EXECUTIVE CENTER DR, #207 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/12/06 (561) 684-3331 <small>Date Daytime Phone #</small>		