

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00304

FILED
Apr 09, 2009
Secretary of State

Entity Name: EXECUTIVE CENTER PLAZA OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

400 EXECUTIVE CENTER DR.
STE 108
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

400 EXECUTIVE CENTER DR.
STE 108
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 59-2638087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DURRANCE, DALLAS H PRESIDE
400 EXECUTIVE CENTER DRIVE
SUITE 108
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DURRANCE, DALLAS H
Address: 400 EXECUTIVE CENTER DR. SUITE 108
City-St-Zip: WEST PALM BEACH, FL 33401

Title: STD () Delete
Name: SCHNITZER, DAVID
Address: 400 EXECUTIVE CENTER DR. SUITE 108
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: MASSEY, H W JR
Address: 400 EXECUTIVE CENTER DR. SUITE 108
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: GOODMARK, JERRY
Address: 400 EXECUTIVE CENTER DR, SUITE 110
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: PERRY, ANN
Address: 400 EXECUTIVE CENTER DR #207
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: MURRELL, LARRY D JR
Address: 400 EXECUTIVE CENTER DRIVE SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALLAS H. DURRANCE

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date