


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90332 037 ****61.25

DOCUMENT # N03000005796

1. Entity Name
 2853 EXECUTIVE PARK DRIVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 2853 EXECUTIVE PARK DR
 WESTON, FL 33327

Mailing Address
 2853 EXECUTIVE PARK DR
 WESTON, FL 33327

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

Zip
 Country



04182005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

FLORIDA TRUST REALTY INC
 2500 WESTON ROAD STE 302
 WESTON, FL 33331

4. FEI Number
 57-1184453

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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	PD	<input type="checkbox"/> Delete
NAME	ARVESU, MANUEL	
STREET ADDRESS	2121 PONCE DE LEON BLVD STE 920	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VB	<input checked="" type="checkbox"/> Delete
NAME	FIGUEREDO, MARIA	
STREET ADDRESS	201 ALHAMBRA CIR STE 3502	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	STB	<input checked="" type="checkbox"/> Delete
NAME	NINO, TULIO	
STREET ADDRESS	201 ALHAMBRA CIR STE 3502	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowers.

SIGNATURE:  DATE: 4/22/05 DAYTIME PHONE: 305-442-2558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR