
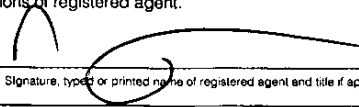
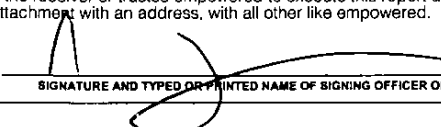


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90041 022 ****61.25

DOCUMENT # N03000009071 1. Entity Name EXECUTIVE SQUARE PLAZA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 6848 W PALM BEACH, FL 33405			Mailing Address P.O. BOX 6848 W PALM BEACH, FL 33405		
2. Principal Place of Business - No P.O. Box # 5341 West Atlantic Ave			3. Mailing Address Same		
Suite, Apt. #, etc. # 303			Suite, Apt. #, etc. Same		
City & State De/Ray Beach, FL			City & State De/Ray Beach, FL		
Zip 33484		Country USA		4. FEI Number 20-0454422	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HARRISON GOLDEN, HILLARY ESQ 4512 N FLAGLER DR STE 201A W PALM BEACH, FL 3340X				7. Name and Address of New Registered Agent Name Neil Bryan Tygar P.A. Street Address (P.O. Box Number is Not Acceptable) 5341 West Atlantic Ave #303 City De/Ray Beach FL Zip Code 33484	
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  Neil Bryan Tygar 4/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAY, MARK R P.O. BOX 6848 W PALM BEACH, FL 33405 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Neil Tygar <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5341 West Atlantic Ave #303 De/Ray Beach, FL 33484	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KAROSAS, MICHAEL R P.O. BOX 6848 W PALM BEACH, FL 33405 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Leo Katz <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5341 West Atlantic Ave #303 De/Ray Beach, FL 33484	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COVE, MICHAEL <input type="checkbox"/> Delete 2127 Reston Circle Royal Palm Beach FL 33411		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.					
SIGNATURE:  4/30/07 561-305-5214 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					