


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90024 021 ****61.25

DOCUMENT # N03000009071	
1. Entity Name EXECUTIVE SQUARE PLAZA CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 5341 W ATLANTIC AVE 303 DELRAY BEACH, FL 33487	Mailing Address 5341 W ATLANTIC AVE 303 DELRAY BEACH, FL 33487
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DO NOT WRITE IN THIS SPACE

04242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0454422	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TYSAR, NEIL B
5341 W ATLANTIC AVE 303
DELRAY BEACH, FL 33484**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TYSAR, NEIL 5341 W ATLANTIC AVE 303 DELRAY BEACH, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KATZ, LEO 5341 W ATLANTIC AVE 303 DELRAY BEACH, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COVE, MICHAEL 2127 RESTON CIR ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 information empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____