2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009071

FILED Mar 09, 2009 Secretary of State

Entity Name: EXECUTIVE SQUARE PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5341 W ATLANTIC AVE 5341 W ATLANTIC AVE

303 301-B

DELRAY BEACH, FL 33487 DELRAY BEACH, FL 33487

Current Mailing Address: New Mailing Address:

5341 W ATLANTIC AVE 5341 W ATLANTIC AVE 303 301-B

DELRAY BEACH, FL 33487 DELRAY BEACH, FL 33487

FEI Number: 20-0454422 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TYSAR, NEIL B TYGAR, NEIL B

5341 W ATLANTIC AVE 303

DELRAY BEACH, FL 33484 US

5341 W ATLANTIC AVE 301-B

DELRAY BEACH, FL 33484 US

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: NEIL B. TYGAR 03/09/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change() Addition

 Name:
 TYSAR, NEIL
 Name:
 TYGAR, NEIL

 Address:
 5341 W ATLANTIC AVE 303
 Address:
 5341 W ATLANTIC AVE 301-B

 City-St-Zip:
 DELRAY BEACH, FL 33431
 City-St-Zip:
 DELRAY BEACH, FL 33431

Title: VPD () Delete Title: VPD (X) Change () Addition

Name: KATZ, LEO Name: KATZ, LEO

Address: 5341 W ATLANTIC AVE 303 Address: 5341 W ATLANTIC AVE 301-B City-St-Zip: DELRAY BEACH, FL 33431 City-St-Zip: DELRAY BEACH, FL 33431

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: NEIL B. TYGAR PD 03/09/2009