

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90064 032 \*\*\*\*61.25

<b>DOCUMENT # N03516</b> 1. Entity Name <b>THE EXECUTIVE CENTER CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>7655 W. GULF TO LAKE HWY. SUITE 9 CRYSTAL RIVER, FL 34429 US</b>				Mailing Address <b>2450 N. CITRUS HILLS BLVD C/O JOSEPH COMPANY HERNANDO, FL 34442 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country		04252005 Chg-NP CR2E037 (10/03)	
4. FEI Number <b>59-2644499</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TRINGALI, MICHAEL 7655 W. GULF TO LAKE HIGHWAY SUITE 9 CRYSTAL RIVER, FL 34429</b>				7. Name and Address of New Registered Agent Name <b>Carl A. Bertoch, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7655 W. Gulf to Lake Hwy.</b> Suite <b>13</b> City <b>Crystal River</b> <b>FL</b> Zip Code <b>34429</b>	
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 <b>Carl A Bertoch</b> <span style="float: right;">25 Aug 05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BERTOCH, CARL A 7655 W. GULF TO LAKE HWY SUITE13 CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Crist, Donald 7655 W. Gulf to Lake Hwy., #11 Crystal River, FL 34429
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD O'CONNELL, MARK 7655 W GULF TO LAKE HWY #3 CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director, Sec.-Treas. O'Connell, Mark 7655 W. Gulf to Lake Hwy., #3 Crystal River, FL 34429
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLACKSTONE, MICHAEL 7655 W. GULF TO LAKE HWY SUITE 1 CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	    
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<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				<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				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 empowered.					
SIGNATURE: <b>Carl A Bertoch</b> <span style="float: right;">762 564 820</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					