


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2007 8:00 am**  
**Secretary of State**

01-30-2007 90010 007 \*\*\*\*61.25

<b>DOCUMENT # N03516</b> 1. Entity Name THE EXECUTIVE CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7655 W. GULF TO LAKE HWY. SUITE 9 CRYSTAL RIVER, FL 34429 US			Mailing Address PO BOX 143 INVERNESS, FL 34451 US		
2. Principal Place of Business - No P.O. Box # <b>7655 W GULF TO LAKE HWY.</b> Suite, Apt. #, etc. <b>SUITE # 6</b>			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>CRYSTAL RIVER, FL</b>			City & State		
Zip <b>34429</b>		Country <b>USA</b>		4. FEI Number <b>59-2644499</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BERTOCH, CARL A</b> <b>7655 W. GULF TO LAKE HIGHWAY</b> <b>SUITE 13</b> <b>CRYSTAL RIVER, FL 34429</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <b>CRIST, DONALD</b> <input type="checkbox"/> Delete <b>7655 W GULF TO LAKE HWY., #11</b> <b>CRYSTAL RIVER, FL 34429</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST <b>O'CONNELL, MARK</b> <input type="checkbox"/> Delete <b>7655 W GULF TO LAKE HWY., #3</b> <b>CRYSTAL RIVER, FL 34429</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>BERTOCH, CARL A</b> <input type="checkbox"/> Delete <b>7655 W GULF TO LAKE HWY. # 6</b> <b>CRYSTAL RIVER, FL 34429</b>			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
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.					
<b>SIGNATURE:</b> _____ <b>22 Jan 07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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