2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State
04-03-2007 90012 036 ****61.25

DOCUMENT # N06000001202

1. Entity Name

MARINE EXECUTIVE CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
425 NORTH ANDREWS AVENUE SUITE #1 FORT LAUDERDALE FL 33301	425 NORTH ANDREWS AVENUE SUITE #1 FORT LAUDERDALE FL 33301

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1510 S.E. 17 ST.	ONE FINANCIAL PLAZA
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	SUITE 2001
City & State: FT. LAUDERDALE	City & State: FT. LAUDERDALE FL
Zip: 33316 Country: USA	Zip: 33394 Country: USA

4. FEI Number: 38-3750090 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~HOFFMAN, STEPHEN V~~ ~~1500 NORTH FEDERAL HIGHWAY~~ ~~SUITE 200~~ ~~FORT LAUDERDALE FL 33304~~	Name: DAVID BURGESS Street Address (P.O. Box Number is Not Acceptable): ONE FINANCIAL PLAZA SUITE 2001 City: FT. LAUDERDALE FL Zip Code: 33394

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: _____ DAVID BURGESS 2/8/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	VSD HOOPER, ALAN C 425 NORTH ANDREWS AVENUE #1 FORT LAUDERDALE FL 33301	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEARSON, KAYE 425 NORTH ANDREWS AVENUE #1 FORT LAUDERDALE FL 33301	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DRUM, KELLY 425 NORTH ANDREWS AVENUE #1 FORT LAUDERDALE FL 33301	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ ALAN C. HOOPER 3-23-07 954-761-8439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #