


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N26904 1. Entity Name EXECUTIVE AIRPORT CONDOMINIUM ONE, INC.	
---	---

Principal Place of Business % RAUCH WEAVER NORFLEET KURTZ 5300 NORTH FEDERAL HWY FORT LAUDERDALE, FL 33334	Mailing Address % RAUCH WEAVER NORFLEET KURTZ 5300 NORTH FEDERAL HWY FORT LAUDERDALE, FL 33334
---	---

DO NOT WRITE IN THIS SPACE

01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0077100	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAUCH WEAVER NORFLEET KURTZ & CO
5300 NORTH FEDERAL HWY
FT. LAUDERDALE, FL 33308

**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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

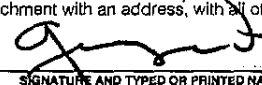
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000232237 02/16/05-80067-003 61.25
---	--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WEAVER, GEORGE W 5300 N FEDERAL HWY FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MAXWELL, GEORGE 5300 N FEDERAL HWY FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MARQUEZ, EDUARDO 5300 N FEDERAL HWY FT LAUDERDALE, FL 33308
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 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:  **2-05-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #