2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N26904

1. Entity Name
EXECUTIVE AIRPORT CONDOMINIUM ONE, INC.

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

02092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0077100
☐ Applied For
☐ Not Applicable

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

8. Name and Address of Current Registered Agent

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

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000472560
03/29/06-80041-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WEAVER, GEORGE W
STREET ADDRESS	5300 N FEDERAL HWY
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	V
NAME	MAXWELL, GEORGE
STREET ADDRESS	5300 N FEDERAL HWY
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	S
NAME	MARQUEZ, EDUARDO
STREET ADDRESS	5300 N FEDERAL HWY
CITY-ST-ZIP	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	

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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.*

SIGNATURE: _____ 954 771-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #