

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000024307

1. Entity Name

EXECUTIVE RESORT APARTMENTS, INC.



Principal Place of Business

**711 ST ANTHONY AVE.
EFFINGHAM, IL 62401**

Mailing Address

**POST OFFICE DRAWER 7540
MAITLAND, FL 32794**



02142006 No Chg-P GR2E034 (11/05)

4. FEI Number

58-2448838

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

**TATICH, PHILIP
341 NORTH MAITLAND AVENUE
SUITE 340
MAITLAND, FL 32751**

**DO NOT WRITE
IN THIS SPACE**

9. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

8. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AGARWAL, SURENDRA
STREET ADDRESS	711 ST. ANTHONY AVE.
CITY-ST-ZIP	EFFINGHAM, IL 62401
TITLE	S
NAME	AGARWAL, KANAK L
STREET ADDRESS	711 ST. ANTHONY AVE.
CITY-ST-ZIP	EFFINGHAM, IL 62401
TITLE	T
NAME	AGARWAL, RAVI
STREET ADDRESS	711 ST. ANTHONY AVE.
CITY-ST-ZIP	EFFINGHAM, IL 62401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000442381
04/14/06-80013-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

Kanak Agarwal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-06

Date

217-347-7797

Daytime Phone #

PL 951C B06