

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720877

1. Entity Name

EMERALD CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90066 038 ****61.25

Principal Place of Business

4141 N.W. 44TH AVE.
LAUDERDALE LAKES FL 33319

Mailing Address

4141 N.W. 44TH AVE.
LAUDERDALE LAKES FL 33319-4866

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1399406

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

AGATE, FRANCES
4401 N.W. 41ST STREET
APT. 402
LAUDERDALE LAKES FL 33319

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE FRANCES AGATE

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

(NOTE: Registered Agent signature required when reinstating)

2-10-00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	COLOSI, FRANK D	
STREET ADDRESS	4141 N.W. 44TH AVE.	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LUCAS, FRANK	
STREET ADDRESS	4401 N.W. 41ST STREET	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	FSD	<input type="checkbox"/> Delete
NAME	STERN, OLGA	
STREET ADDRESS	4401 N.W. 41ST STREET	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	AGATE, FRANCES	
STREET ADDRESS	4401 N.W. 41ST STREET	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICUPA, CASPER	
STREET ADDRESS	4401 N W 41ST ST	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONNENFELD, WILLIAM	
STREET ADDRESS	4141 NW 44TH AVE	
CITY-ST-ZIP	LAUDERDALE LAKES FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEXANDER LYSIAK	
STREET ADDRESS	4141 N W 44 TH AVE	
CITY-ST-ZIP	LAUDERDALE LAKES, FLA	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REBA FEFFERMAN	
STREET ADDRESS	4141 NW 44 TH AVE	
CITY-ST-ZIP	LAUDERDALE LAKES, FLA	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John ZIZZI	
STREET ADDRESS	4141 N W 44 TH AVE	
CITY-ST-ZIP	LAUDERDALE LAKES, FLA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Frank D Colosi 2-10-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)