

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720877

FILED  
Jan 09, 2012  
Secretary of State

**Entity Name:** EMERALD CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4141 N.W. 44TH AVE.  
#429  
FORT LAUDERDALE, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

4141 N.W. 44TH AVE.  
#429  
FORT LAUDERDALE, FL 33319

**New Mailing Address:**

**FEI Number:** 59-1399406

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GORE, WILLIE B  
4401 N.W. 41ST STREET  
APT 203  
LAUDERDALE LAKES, FL 33319 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** COLOSI, FRANK  
**Address:** 4141 NW 44TH AVE #117  
**City-St-Zip:** LAUDERDALE LAKES, FL 33319

**Title:** D  
**Name:** HESSING, GEORGE  
**Address:** 4401 N.W. 41ST STREET #205  
**City-St-Zip:** LAUDERDALE LAKES, FL

**Title:** SD  
**Name:** GORE, WILLIE  
**Address:** 4401 NW 41ST STREET #203  
**City-St-Zip:** LAUDERDALE LAKES, FL

**Title:** FSD  
**Name:** KRAMER, RONNIE  
**Address:** 4401 NW 41ST STREET APT 202  
**City-St-Zip:** FORT LAUDERDALE, FL 33319

**Title:** D  
**Name:** WAXMAN, LYNDIA  
**Address:** 4401 NW 41ST STREET #204  
**City-St-Zip:** LAUDERDALE LAKES, FL

**Title:** PD  
**Name:** BROWN,, DEREK  
**Address:** 4141 NW 44TH AVE #425  
**City-St-Zip:** LAUDERDALE LAKES, FL 33319

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** WILLIE B. GORE

SD

01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date