
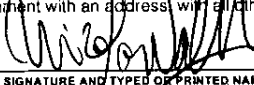


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90014 046 ****61.25

DOCUMENT # 753716					
1. Entity Name THE EMERALDBAY AT KEY COLONY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 151 CRANDON BOULEVARD KEY BISCAIYNE, FL 33149			Mailing Address 151 CRANDON BOULEVARD MANAGEMENT BOX 1252 KEY BISCAIYNE, FL 33149		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2015029	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAVIS, STEVEN C/O BECKER & POLIAKOFF, P.A. 121 AL HAMBRA PLAZA CORAL GABLES, FL 33134			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	VALLS, NICOLAS	NAME	CAVALIER, JORGE		
STREET ADDRESS	151 CRANDON BLVD., #1222	STREET ADDRESS	151 CRANDON BLVD #404		
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	CITY-ST-ZIP	Key Biscayne FL 33149		
TITLE	V <input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KIENE, EVA M	NAME	EISMAN, BERNARD		
STREET ADDRESS	151 CRANDON BLVD., #343	STREET ADDRESS	151 CRANDON BLVD #407		
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	CITY-ST-ZIP	Key Biscayne FL 33149		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAGER, KARL	NAME			
STREET ADDRESS	151 CRANDON BLVD #1004	STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEINMULLER-MARTIN, MONICA	NAME			
STREET ADDRESS	151 CRANDON BLVD., #741	STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAMEJO, ANTONIO	NAME			
STREET ADDRESS	151 CRANDON BLVD., #145	STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AZAN, RAFAEL A	NAME			
STREET ADDRESS	151 CRANDON BLVD # 238	STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	CITY-ST-ZIP			
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: 		Date 3/5/08		Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

90040701



01042008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2015029 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

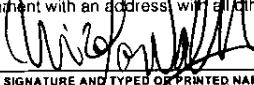
7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

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SIGNATURE:  Date **3/5/08** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR