

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 03 1996 8:00 am
Secretary of State

DOCUMENT # **755773**
1. Corporation Name
THE EMERALD SEAS OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
660 NORTH OCEAN BLVD DEERFIELD BEACH, FL. 33441 **660 NORTH OCEAN BLVD. DEERFIELD BEACH, FL. 33441**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	12/31/1980	4/13/95
22	27	4. FEI Number	Applied For / Not Applicable
23	28	59-2181487	
24	25	29	30
Country	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		<input type="checkbox"/>	
		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		<input type="checkbox"/>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ZAMOJSKI, WALTER 660 NORTH OCEAN BOULEVARD DEERFIELD BEACH FL 33441	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when rechartering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAMOJSKI, WALTER	1.2 NAME	
STREET ADDRESS	660 NORTH OCEAN BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL. 33441	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAMOJSKI, JUNE	2.2 NAME	
STREET ADDRESS	660 NORTH OCEAN BOULEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL. 33441	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMPSON, BARBARA	3.2 NAME	
STREET ADDRESS	7630 KISMET STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL. 33023	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELAINE LUNDGREN MANGLES	4.2 NAME	
STREET ADDRESS	21631 CORONADO AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL. 33433	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Walter Zamojski Date: 5/24/96 Daytime Phone #: 954-427-1300

CP2E037 (12/95)