FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT #

755773

(9)

THE EMERALD SEAS OWNERS ASSOCIATION, INC.						I IETUL INDA BINAT GAM DABIT TURA	1 1411 11111 1111 1111 1111 1111	#	
Principal Place of Business Mailing Address									
680 NO. OCEAN DRIVE DEERFIELD BEACH FL 33441 680 NO. OCEAN DRIVE DEERFIELD BEACH FL 33441			3441						
						3. Date Incorporated or Qualified 12/31/1980	3a. Date of Las 06/03/	at Report 1996	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number 59-2181487		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					- \$8.7	Not Applicable 5 Additional	
22		27				5. Certificate of Status Desired	1 1 ****	Required	
City & State		City & State				6. Election Campaign Financing		00 May Be	
23 Zip	Country	Zip	Cou	untry		Trust Fund Contribution 8. This corporation has liability for		ed to Fees	
24	25	29	30	y		Florida Statutes	Z Yes No	я в. 199.032,	
	9. Name and Address of Curren	it Registered Agent		I.		10. Name and Address of New Re	agistered Agent		
				81	Name				
ZAMOJSKI, WALTER				82	Street Addr	ress (P.O. Box Number is Not Acceptal	ble)		
	RTH OCEAN DRIVE LLD BEACH FL 33441			83					
DEENLIE	CD DENOTIFE BOTT			64	City			in Code	
					City		FL I	Zip Code	
11. Pursuant to office or reagent. Lar	o the provisions of Sections 617.050; egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 617.1508, Florida Statu of Florida. Such change was ations of, Section 617.0503, F	ites, the a authorize lorida Sta	ibove- id by t itules.	named corp the corporat	poration submits this statement for the particular board of directors. I hereby acce	purpose of changing the appointment	ig its registered as registered	
SIGNATURE _				<u>. </u>			<u> </u>		
12.	Signature, typed or printed name of registered age OFFICERS AND		TE: Registere		t signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIBECT	TORS IN 12	
TITLE	PD OFFICERS AND			ITLE		Applitotological to or in	Chan		
NAME	ZAMOJSKI, WALTER		1.2 N	1.2 NAME					
STREET ADDRESS	660 NO. OCEAN DRIVE		1.3 S	STREET A	ODRESS				
CITY-ST-ZIP				CITY-ST-	-ZiP			I'' Addito	
TITLE	-		2.1 (L.J Chan	ge L Addition	
NAME STREET ADDRESS	ZAMOJSKI, JUNE 660 NO. OCEAN DRIVE			2.2 NAME 2.3 STREET ADDRESS					
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		1	2. 4 CITY-ST-ZIP					
TITLE	VPD DELETE			3.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Chan	ge Addition	
NAME.	SAMPSON, BARBARA		3.2 N	IAME	ĺ			ļ	
STREET ADDRESS	7630 KISMET ST		3.3 S	STREET A	DDRESS				
CITY-ST-ZIP	MIRAMAR FL 33023			CITY-ST	- ZIP		T Chan	no D Addition	
TITLE NAME	D MANGLES ELAINE I	☐ DECEIE	4.1 7	NAME			L_1 Chan	ige L. Addition	
STREET ADDRESS	MANGLES, ELAINE L 21631 CORONADO AVE.			MANIE STREET A	nngree				
CITY-ST-ZIP	BOCA RATON FL 33433			OTY-51-				,	
TITLE	DOON INTOTICE CONTO	DELETE	5.1 7		- 211		☐ Chan	ge Addition	
NAME			5.2 N	NAME					
STREET ADDRESS			5.3 S	STREET A	UDDRESS			1	
CITY-ST-ZIP				CITY-ST-	-ZIP				
TOTLE		☐ DELETE	6.1 T		j		L Chan	ge Addition	
NAME				NAME					
STREET ADDRESS					ADDRESS				
14. I do hereb	v certify that the information supplier	d with this filing does not que	lify for the	exem	nption stated	d in Section 119.07(3)(i), Florida Statute	as. I further certify t	hat the	
information Lam an of	n indicated on this annual report or s	supplemental annual report is r the receiver or trustee empor	true and wered to	accura	rate and that	t my signature shall have the same legart as required by Chapter 617, Florida S	al effect as if made	under oath; that	

SIGNATURE: W

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24/97 954 427-13 Destine Proce 0076

FILED

Mar 28 1997 8:00am

Secretary of State