


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 755773					
1. Entity Name THE EMERALD SEAS OWNERS ASSOCIATION, INC.					
Principal Place of Business 660 NO. OCEAN DRIVE DEERFIELD BEACH, FL 33441			Mailing Address 660 NO. OCEAN DRIVE DEERFIELD BEACH, FL 33441		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RAYMOND, JOHN J JR 1200 N FEDERAL HIGHWAY BOCA RATON, FL 33432				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAMOJSKI, WALTER			NAME	
STREET ADDRESS	660 NO. OCEAN DRIVE			STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH, FL 33441			CITY - ST - ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAMOJSKI, JUNE			NAME	
STREET ADDRESS	660 NO. OCEAN DRIVE			STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH, FL 33441			CITY - ST - ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMPSON, BARBARA			NAME	
STREET ADDRESS	660 NO. OCEAN DRIVE			STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH, FL 33441			CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBRA NSKI, MADELINE			NAME	
STREET ADDRESS	660 N. OCEAN BLVD			STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH, FL 33441			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				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)(f), 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: <i>Walter Zamojski Pres</i>		Date: <i>Jan 26/05</i>		Daytime Phone #: <i>9544271300</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	



01262005 Chg-NP CR2E037 (10/03)

4. FCI Number **59-2181487** Applied For Not Applicable

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

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 01/29/05-80022-020 61.25