

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

71 **FILED**
Aug 25, 2008 8:00 am
Secretary of State
07-31-2008 90044 010 ****61.25

DOCUMENT # N04000002130 1. Entity Name EMMA COURTYARD CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 713 EMMA ST KEY WEST, FL 33040			Mailing Address 713 EMMA ST KEY WEST, FL 33040		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <u>713 Emma St</u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u># 1</u>			
City & State		City & State <u>Key West FL</u>			
Zip	Country	Zip <u>33040</u>	Country <u>Monroe</u>	4. FEI Number 20-2183537	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent APPEI, DANIEL 713 EMMA ST UNIT #2 KEY WEST, FL 33040				7. Name and Address of New Registered Agent Name <u>Clyne Patricia</u> Street Address (P.O. Box Number is Not Acceptable) <u>713 Emma St Unit #1</u> City <u>Key West</u> <u>FL</u> Zip Code <u>33040</u>	
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 <u>[Signature]</u> <u>7-25-08</u> Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 NAME STREET ADDRESS CITY-STATE-ZIP	DP CLYNE, PATRICIA A 713 EMMA ST UNIT #1 KEY WEST, FL 33040	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DV LEWIS, WILLIAM H 713 EMMA ST UNIT #3 KEY WEST, FL 33040	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DST APPEI, DANIEL 713 EMMA ST UNIT #2 KEY WEST, FL 33040	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	[Empty]	☐ Delete			
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.					

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07252008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-2183537

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

7. Name and Address of New Registered Agent
 Name Clyne Patricia
 Street Address (P.O. Box Number is Not Acceptable)
713 Emma St Unit #1
 City Key West FL Zip Code 33040

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 [Signature] 7-25-08
Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$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 NAME STREET ADDRESS CITY-STATE-ZIP	DP CLYNE, PATRICIA A 713 EMMA ST UNIT #1 KEY WEST, FL 33040	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DV LEWIS, WILLIAM H 713 EMMA ST UNIT #3 KEY WEST, FL 33040	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DST APPEI, DANIEL 713 EMMA ST UNIT #2 KEY WEST, FL 33040	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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[Signature]

8/22/08, President Emma Association

ATTACHMENT

66016080

Patricia Clyne

President, Emma Courtyard Association
713 Emma St #1
Key West, FL 33040

Phone: 305-292-0186

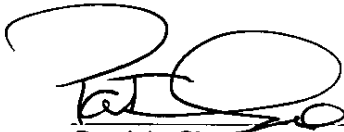
➤ **Reference Number: N04000002130**

Annual Report

Greetings

Per your letter dated August 7, 2008, I have signed and enclosed the Annual Report Form for the Emma Courtyard Association. It appears that the bottom of the form had been truncated when copied or faxed. Sorry for any inconvenience.

Sincerely,



Patricia Clyne
President
Emma Courtyard Association
8/22/2008