## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000002130

FILED Apr 13, 2009 Secretary of State

Entity Nar	ne: EMMA C	OURTYARD CONDOMINIUM	ASSOCIATION, INC.	•	
Current P	rincipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
713 EMMA KEY WES	ST T, FL 33040				
Current M	ailing Addres	ss:	New Mailing Address	New Mailing Address:	
713 EMMA KEY WES	ST T, FL 33040		713 EMMA ST APT #1 KEY WEST, FL 33040		
FEI Number:	20-2183537	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
PATRICIA, 713 EMMA KEY WES	CLYNE A ST UNIT #2 T, FL 33040	US	PATRICIA, CLYNE 713 EMMA ST UNIT # KEY WEST, FL 33040	1 US	
The above in the State	named entity : e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUF	RE:			04/13/2009	
	Electror	nic Signature of Registered Ag	ent	Date	
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ( ) CLYNE, PATRI 713 EMMA ST KEY WEST, FL	UNIT #1	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DV ( ) LEWIS, WILLIA 713 EMMA ST KEY WEST, FL	UNIT #3	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DST ( ) DANIEL, APPE 1800 ATLANTIO KEY WEST, FL	C BLVD, A101	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA CLYNE PRES 04/13/2009