


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000032532</b>	
<b>1. Entity Name</b> EMERALD DUNES APARTMENTS, INC.	

<b>Principal Place of Business</b> 1666 KENNEDY CAUSEWAY #505 N. BAY VILLAGE FL 33141	<b>Mailing Address</b> 1666 KENNEDY CAUSEWAY #505 N. BAY VILLAGE FL 33141
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

<b>6. Name and Address of Current Registered Agent</b>	
MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 W FLAGLER ST MIAMI FL 33130	

<b>4. FEI Number</b> 01-0661862	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

**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.**

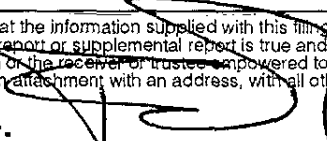
**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DELETE</b> <input type="checkbox"/>
D SALAND, ROBERT 1666 KENNEDY CAUSEWAY, #505 N. BAY VILLAGE FL 33141	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DELETE</b> <input type="checkbox"/>
D ROJO, FRANCISCO 1666 KENNEDY CAUSEWAY, #505 N. BAY VILLAGE FL 33141	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DELETE</b> <input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DELETE</b> <input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DELETE</b> <input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DELETE</b> <input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>CHANGE</b> <input type="checkbox"/> <b>ADDITION</b> <input type="checkbox"/>
U000000248752 03/02/05-80042-007 150.00	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>CHANGE</b> <input type="checkbox"/> <b>ADDITION</b> <input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>CHANGE</b> <input type="checkbox"/> <b>ADDITION</b> <input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>CHANGE</b> <input type="checkbox"/> <b>ADDITION</b> <input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>CHANGE</b> <input type="checkbox"/> <b>ADDITION</b> <input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>CHANGE</b> <input type="checkbox"/> <b>ADDITION</b> <input type="checkbox"/>

**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 807, 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:**  **FRANCISCO ROJO**  
Vice President 2/24/05 (305) 538-9550 EXT. 103

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **DATE** **DELETED PHONE #**