


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90070 018 ****61.25

DOCUMENT # N05000000216	
1. Entity Name EMERALD ISLE AT LAGUNA LAKES CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 314 NE 3RD ST BOYNTON BEACH, FL 33435	Mailing Address 314 NE 3RD ST BOYNTON BEACH, FL 33435
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20008059



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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02062007 Chg-NP CR2E037 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 33-1099337	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GELFAND, MICHAEL J C/O GELFAND & ARPE, P.A. 1555 PALM BEACH LAKES BLVD STE 1220 WEST PALM BEACH, FL 33401	

7. Name and Address of New Registered Agent	
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SACRA, AARON <input checked="" type="checkbox"/> Delete 4240 SAN MARINO BLVD 202 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICKLIG, ANGELA <input checked="" type="checkbox"/> Delete 4021 SAN MARINO BLVD 303 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAMLIEL, AMIR <input checked="" type="checkbox"/> Delete 3766 VICTORIA RD ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADAMS, SUSIE <input type="checkbox"/> Delete 4241 SAN MARINO BLVD 303 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, WINSTON L <input type="checkbox"/> Delete 4041 SAN MARINO BLVD 302 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Reguena, Leopoldo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4180 San Marino Blvd., 307 West Palm Beach, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Brandi Darbonmijer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4041 San Marino Blvd, 301 West Palm Beach, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sacra, Aaron <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4240 San Marino Blvd 202 West Palm Beach, FL 33409

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/07

Date

561-6839660

Daytime Phone #