2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718995

Entity Name: EMERALD TOWER ASSOCIATION, INC.

FILED Feb 19, 2015 **Secretary of State** CC6554708447

Current Principal Place of Business:

1401 SOUTH OCEAN BLVD POMPANO BEACH, FL 33062

Current Mailing Address:

C/O SEACREST SERVICES 2400 CENTREPARK W DR SUITE 175 WEST PALM BEACH. FL 33409 US

FEI Number: 59-1419717 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

KATZMAN GARFINKEL 5297 W. COPANS ROAD MARGATE, FL 33063 US

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.

SIGNATURE:

Date

Officer/Director Detail:

DIRECTOR Title Title **PRESIDENT**

Name MACINNIS, LEO Name BACHARACH, LINDA

Address 1401 SOUTH OCEAN BLVD. #905 Address 1401 SOUTH OCEAN BLVD #904

City-State-Zip: POMPANO BEACH FL 33062 POMPANO BEACH FL City-State-Zip:

TREASURER Title Title

Name VIETMEIRE, RITA Name PETRETTI, DENNIS

Address 1401 SOUTH OCEAN BOULEVARD 1401 SOUTH OCEAN BLVD. #602 Address

#1106 POMPANO BEACH FL 33062 City-State-Zip:

City-State-Zip: POMPANO BEACH FL 33062

Title **SECRETARY** Title **DIRECTOR** Name BIVONA, DONNA

Name ANEJA, MIKE

1401 SOUTH OCEAN BOULEVARD Address Address 1401 SOUTH OCEAN BLVD #809 #1005

POMPANO BEACH FL 33062 City-State-Zip: POMPANO BEACH, FL 33062 City-State-Zip:

Title

PISCINA, MILDRED Name

Address 1401 SOUTH OCEAN BLVD APT 1006

POMPANO BEACH FL 33062 City-State-Zip:

I hereby 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 all other like empowered.

02/19/2015 SIGNATURE: LINDA BACHARACH **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date