Electronic Signature of Signing Officer/Director Detail

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720877

Entity Name: EMERALD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O PHOENIX MANAGEMENT SERVICES 4800 N.STATE ROAD7 105 LAUDERDALE LAKES, FL 33319

Current Mailing Address:

C/O PHOENIX MANAGEMENT SERVICES 4800 N.STATE ROAD7 105 LAUDERDALE LAKES, FL 33319 US

WRIGHT, COLLEEN

FEI Number: 59-1399406

Title Name

Name and Address of Current Registered Agent:

HOLLANDER, GOODE & LOPEZ, PA **314 SOUTH FEDERAL HIGHWAY** DANIA BEACH, FL 33004 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:	MATTHEW GOODE, ESQ.			04/28/2023	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	DIRECTOR	Title	PRESIDENT		

Name

		-		
	Address	C/O PHOENIX MANAGEMENT SERVICES	Address	4141 NW 44TH AVE 120
	City-State-Zip:	4800 N.STATE ROAD 7 105 LAUDERDALE LAKES FL 33319	City-State-Zip:	LAUDERDALE LAKES FL 33319
	ony onato zip.		Title	DIRECTOR
	Title	DIRECTOR	Name	ROODNY, JEAN
	Name	WATSON, LILLIAN	Address	C/O PHOENIX MANAGEMENT
Address		C/O PHOENIX MANAGEMENT SERVICES		SERVICES 4800 N.STATE ROAD 7 105
	City State Zin:	4800 N.STATE ROAD 7 105 LAUDERDALE LAKES FL 33319	City-State-Zip:	LAUDERDALE LAKES FL 33319
		LAUDERDALE LARES FE 33319	Title	TREASURER
	Title	VP	Name	ETGHAY, FARHAD
	Name	MORELLO, JOSEPH	Address	
Address		C/O PHOENIX MANAGEMENT SERVICES 4800 N.STATE ROAD7 105 LAUDERDALE LAKES FL 33319	/ ddie55	SERVICES 4800 N.STATE ROAD7 105
City-State-Zip:			City-State-Zip:	LAUDERDALE LAKES FL 33319
	Ony Glate Zip.		Title	DIRECTOR
	Title	SECRETARY	Name	FIORANTE , CONCETTA
	Name	BROWN, DEREK	Address	
Address		C/O PHOENIX MANAGEMENT SERVICES		SERVICES 4800 N.STATE ROAD7 105
	City Chata Zin	4800 N.STATE ROAD 7 105	City-State-Zip:	LAUDERDALE LAKES FL 33319
	City-State-ZIP:	LAUDERDALE LAKES FL 33319		

Continues on page 2

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.

SIGNATURE: ANGELA HOYTE

PRESIDENT

04/28/2023

FILED Apr 28, 2023 Secretary of State 0438833042CC

Certificate of Status Desired: No

HOYTE, ANGELA

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LOPARCO, FRANK
Address	C/O PHOENIX MANAGEMENT SERVICES 4800 N.STATE ROAD7 105
City-State-Zip:	LAUDERDALE LAKES FL 33319