

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753716

Entity Name: THE EMERALDBAY AT KEY COLONY CONDOMINIUM ASSOCIATION, INC.**FILED**
Apr 22, 2014
Secretary of State
CC9518355670**Current Principal Place of Business:**151 CRANDON BOULEVARD
KEY BISCAYNE, FL 33149**Current Mailing Address:**C/O CASTLE MANAGEMENT LLC
P.O. BOX 559009
FT. LAUDERDALE, FL 33355 US**FEI Number: 59-2015029****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DAVIS, STEVEN
C/O BECKER & POLIAKOFF, P.A.
121 AL HAMBRA PLAZA
CORAL GABLES, FL 33134 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	KIENE, EVE-MARIA
Address	151 CRANDON BLVD., #343
City-State-Zip:	KEY BISCAYNE FL 33149

Title	P
Name	CAVELIER, JORGE
Address	151 CRANDON BLVD #404
City-State-Zip:	KEY BISCAYNE FL 33149

Title	S
Name	STEINMULLER-MARTIN, MONICA
Address	151 CRANDON BLVD., #741
City-State-Zip:	KEY BISCAYNE FL 33149

Title	VP
Name	CAMEJO, ANTONIO
Address	151 CRANDON BLVD., #145
City-State-Zip:	KEY BISCAYNE FL 33149

Title	T
Name	TOURAL, AMELIA
Address	151 CRANDON BLVD #230
City-State-Zip:	KEY BISCAYNE FL 33149

Title	D
Name	FELELLA, MARIA
Address	151 CRANDON BLVD #630
City-State-Zip:	KEY BISCAYNE FL 33149

Title	D
Name	KANE, IRVING
Address	151 CRANDON BLVD #738
City-State-Zip:	KEY BISCAYNE FL 33149

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: JORGE CAVELIER**PRESIDENT****04/22/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date