

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753716

**Entity Name:** THE EMERALDBAY AT KEY COLONY CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**151 CRANDON BOULEVARD  
KEY BISCAYNE, FL 33149**Current Mailing Address:**C/O CASTLE MANAGEMENT LLC  
12270 SW 3RD STREET 200  
PLANTATION, FL 33325 US**FEI Number: 59-2015029****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SKRLD, INC.  
201 ALHAMBRA CIRCLE 11TH FLOOR  
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:** GARY MARS, ESQ.

04/25/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CONWAY, LOUISA  
Address        151 CRANDON BLVD #937  
City-State-Zip: KEY BISCAYNE FL 33149

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

Title            SECRETARY  
Name            GENATIOS, CARLOS  
Address        151 CRANDON BLVD #920  
City-State-Zip: KEY BISCAYNE FL 33149

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

Title            ASSISTANT TREASURER  
Name            BONNIE , SEKERES A  
Address        151 CRANDON BLVD #637  
City-State-Zip: KEY BISCAYNE FL 33149

Title            DIRECTOR  
Name            ECHEVARRI, ERNESTO  
Address        151 CRANDON BLVD #639  
City-State-Zip: KEY BISCAYNE FL 33149

Title            DIRECTOR  
Name            GAMBIRAZIO, MARCO A.  
Address        151 CRANDON BLVD #205  
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:** LOUISA CONWAY**PRESIDENT**

04/25/2023

Electronic Signature of Signing Officer/Director Detail

Date