


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90185 031 ****61.25

DOCUMENT # 718995			
1. Entity Name EMERALD TOWER ASSOCIATION, INC.			
Principal Place of Business 1401 SOUTH OCEAN BLVD POMPAMO BEACH FL 33062		Mailing Address 1401 SOUTH OCEAN BLVD POMPAMO BEACH FL 33062	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-1419717		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RUMIN, EDWARD R 2755 EAST OAKLAND PARK BLVD FORT LAUDERDALE FL 33306		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	P TROUT, WAYNE 1401 SOUTH OCEAN BOULEVARD POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODER, RUDY 1401 SOUTH OCEAN BLVD. POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Roder, Rudy 1401 South Ocean Blvd. Pompano Beach Fla. 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FEIGENBAUM, IRWIN 1401 SOUTH OCEAN DR POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wilson John 1401 South Ocean Blvd. Pompano Beach, FL. 33062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERSON, LINDA 1401 SOUTH OCEAN BOULEVARD POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Peterson, Linda 1401 South Ocean Blvd. Pompano Beach, Fl. 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	VP VIETMEIER, JIM 1401 SOUTH OCEAN BLVD. POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Delete <i>Re-elected -></i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Vietmeier, Jim 1401 South Ocean Blvd. Pompano Beach, FL. 33062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETRETTI, DENNIS 1401 SOUTH OCEAN DR POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Wayne Trout* **WAYNE TROUT Pres** 4-12-07 954-941-3618