

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90031 007 ****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 #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07112008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
59-1419717

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RUMIN, EDWARD R
2755 EAST OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33306

7. Name and Address of New Registered Agent
 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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| TITLE 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 | T RODER, RUDY 1401 SOUTH OCEAN BLVD. POMPANO BEACH, FL 33062 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILSON, JOHN 1401 SOUTH OCEAN DR POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PETERSON, LINDA 1401 SOUTH OCEAN BOULEVARD POMPANO BEACH, FL 33062 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP VIETMEIER, JIM 1401 SOUTH OCEAN BLVD. POMPANO BEACH, FL 33062 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PETRETTI, DENNIS 1401 SOUTH OCEAN DR POMPANO BEACH, FL 33062 <input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Aneja, Mike 1401 South Ocean Blvd. Pompano Beach, FL. 33062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP medeski, Ed 1401 South Ocean Blvd. Pompano Beach, FL. 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Wilson, John 1401 South Ocean Blvd. Pompano Beach, FL. 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T TROUT, WAYNE 1401 South Ocean Blvd. Pompano Beach, FLA 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Giuffrida Phyliss 1401 South Ocean Blvd. Pompano Beach, FLA. 33062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Permenter, Jack 1401 South Ocean Blvd. Pompano Beach, FLA. 33062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Aneja Mike July 30, 2008 954-781-7515
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

60046147

718995

| | | |
|-----------------|---------------------------|------------------------------------------------------------------------------|
| Title | D. | <input type="checkbox"/> change <input checked="" type="checkbox"/> Addition |
| Name | Rittenhouse, Theresa | |
| Street Address | 1401 South Ocean Blvd. | |
| City - ST - zip | Pompano Beach, FLA. 33062 | |