

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90047 045 ****61.25

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1. Entity Name

EMERALD ISLES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

4524 S.W. 54TH STREET
#505
FT LAUDERDALE FL 33314

Mailing Address

3907 N FEDERAL HWY
#197
POMPANO BEACH FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1631333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

SMITH, ROBERT H
3170 N. FEDERAL HIGHWAY
SUITE 100
LIGHTHOUSE POINT FL 33064

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 PD ☒ Delete
NAME CAMPBELL, DANIEL
STREET ADDRESS 5777 UPLAND WAY
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE VD ☒ Delete
NAME FRANCOIS, NATHALIE
STREET ADDRESS 4530 SW 54TH STREET #204
CITY-ST-ZIP FORT LAUDERDALE FL 33314

TITLE STD ☐ Delete
NAME TAPIA, GINA
STREET ADDRESS 4528 SW 54 STREET, #402
CITY-ST-ZIP DANIA BCH. FL 33314

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE STD ☐ Change ☒ Addition
NAME PALMER, GWEN
STREET ADDRESS 4528 SW 54 STREET #401
CITY-ST-ZIP DANIA BCH FL 33314

TITLE D ☐ Change ☒ Addition
NAME GARCIA, MONICA
STREET ADDRESS 4524 SW 54 STREET #605
CITY-ST-ZIP DANIA BCH FL 33314

TITLE PD ☒ Change ☐ Addition
NAME TAPIA, GINA
STREET ADDRESS 4528 SW 54 STREET #402
CITY-ST-ZIP DANIA BCH FL 33314

TITLE D ☐ Change ☒ Addition
NAME MANGANIello, LINDA
STREET ADDRESS 4528 SW 54 STREET #403
CITY-ST-ZIP DANIA BCH FL 33314

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Lina M. Lopez

2/6/06