2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# 728082

Entity Name: EMERALD ISLES WEST CONDOMINIUM ASSOCIATION, PHASE ONE, INC.

Current Principal Place of Business:

4850 SW 63RD TERR
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

4850 SW 63RD TERR
DAVIE, FL 33314

New Mailing Address:

FEI Number: 59-1646692 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 N.W. 49TH ST.
SUITE 202
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	FOURCAND, ANTOINE	
Address:	4850 S.W. 63RD TERRACE #433	
City-St-Zip:	DAVIE, FL 33314	
Title:	VP	( ) Delete
Name:	SPORAR, MITCH	
Address:	4850 SW 63RD TERR. #332	
City-St-Zip:	DAVIE, FL 33314	
Title:	D	( ) Delete
Name:	RIVERA, ANTONIO	
Address:	4850 S.W. 63RD TERRACE, #432	
City-St-Zip:	DAVIE, FL 33314	
Title:	S	( ) Delete
Name:	GEUS, MARY	
Address:	4850 SW 63RD TERR #124	
City-St-Zip:	DAVIE, FL 33314	
Title:	D	( ) Delete
Name:	GAMBLE, RODGER	
Address:	4850 SW 63RD TERR #411	
City-St-Zip:	DAVIE, FL 33314	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	GROSSO, VINCENT	
Address:	7501 SW 39TH STREET	
City-St-Zip:	DAVIE, FL 33314	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANTOINE FOURCAND P 04/22/2009
Electronic Signature of Signing Officer or Director — Date