
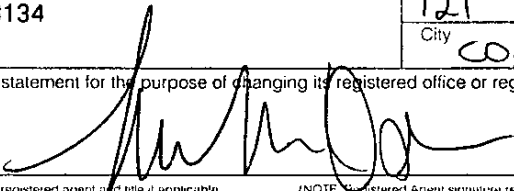


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90421 030 \*\*\*\*61.25

<b>DOCUMENT # 753716</b> 1. Entity Name <b>THE EMERALDBAY AT KEY COLONY CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>151 CRANDON BOULEVARD KEY BISCAINE FL 33149</b>		Mailing Address <b>151 CRANDON BOULEVARD MANAGEMENT BOX 1252 KEY BISCAINE FL 33149</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2015029</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
<b>ROGEI, DAVID C/O BECKER &amp; POLIAKOFF, P.A. 121 AL HAMBRA PLAZA CORAL GABLES FL 33134</b>		Name <b>STEVEN DAVIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>C/O BECKER &amp; POLIAKOFF, P.A. 121 ALHAMBRA PLAZA #1000 CORAL GABLES FL 33134</b>			
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  <span style="float: right;">4-10-06</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VALLS, NICOLAS</b> <b>151 CRANDON BLVD., #1222</b> <b>KEY BISCAINE FL 33149</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SAGER, KARL</b> <b>151 CRANDON BLVD #1004</b> <b>Key Biscayne, FL 33149</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KIENE, EVA M</b> <b>151 CRANDON BLVD., #343</b> <b>KEY BISCAINE FL 33149</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAVALIER, Jorge</b> <b>151 CRANDON BLVD. #404</b> <b>KEY BISCAINE FL 33149</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SARDINAS, OSCAR</b> <b>151 CRANDON BLVD, #933</b> <b>KEY BISCAINE FL 33149</b>	<input checked="" 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	<b>S</b> <b>STEINMULLER-MARTIN, MONICA</b> <b>151 CRANDON BLVD., #741</b> <b>KEY BISCAINE FL 33149</b>	<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	<b>D</b> <b>CAMEJO, ANTONIO</b> <b>151 CRANDON BLVD., #145</b> <b>KEY BISCAINE FL 33149</b>	<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	<b>D</b> <b>AZAN</b> <b>AZAN, RAFAEL A</b> <b>151 CRANDON BLVD # 238</b> <b>KEY BISCAINE FL 33149</b>	<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:  **Nicolas Valls** 4/12/06 205-261-6351