


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # 753716

1. Entity Name
THE EMERALDBAY AT KEY COLONY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 151 CRANDON BOULEVARD KEY BISCAVNE, FL 33149	Mailing Address 151 CRANDON BOULEVARD MANAGEMENT BOX 1252 KEY BISCAVNE, FL 33149
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03282007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2015029	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, STEVEN
 C/O BECKER & POLIAKOFF, P.A.
 121 AL HAMBRA PLAZA
 CORAL GABLES, FL 33134

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

Filing Fee is \$61.25 Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALLS, NICOLAS 151 CRANDON BLVD., #1222 KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KIENE, EVA M 151 CRANDON BLVD., #343 KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAGER, KARL 151 CRANDON BLVD #1004 KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEINMULLER-MARTIN, MONICA 151 CRANDON BLVD., #741 KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMEJO, ANTONIO 151 CRANDON BLVD., #145 KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AZAN, RAFAEL A 151 CRANDON BLVD # 238 KEY BISCAVNE, FL 33149

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 04/20/07-80138-009 61.25

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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 authority like empowered.

SIGNATURE:  **Nicolas Valls** 3/28/07 3053616947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #