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2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State
04-25-2006 90110 026 ****61.25

DOCUMENT # N01805

1. Entity Name
EMERALD ISLE CONDOMINIUM ASSOCIATION OF NORTH REDINGTON BEACH, INC.

Principal Place of Business	Mailing Address
17334 GULF BOULEVARD NORTH REDINGTON BEACH, FL 33708	17200 GULF BLVD. NORTH REDINGTON BEACH, FL 33708

04132006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Same	16401 Gulf Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Redington Beach, FL
Zip / Country	Zip: 33708 / Country: U.S.

4. FEI Number 58-1557971 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ASSOCIATION PROPERTY MGMT., INC. 17200 GULF BLVD. N. REDINGTON BCH, FL 33708	Name: Total Realty Services, Inc. Street Address (P.O. Box Number is Not Acceptable): 13030 Gulf Blvd City: Madeira Beach FL Zip Code: 33708

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: Doreen Moore President 4-19-06
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 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BASSETT, WILLIAM W. 212 E LINCOLN RD. KOKOMO, IN 46902	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D UITTS, CONRAD E. 1771 W TAYLOR ST. KOKOMO, IN 46901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LECHOWICZ, TOM 17405 BLUFF DR GRAYSLAKE, IL 600303006	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD O'DONELL, JOHN 782 E COUNTY RD 450 N KOKOMO, IN 46901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD REBBER, STAN PO BOX 607 KOKOMO, IN 46901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Joseph T Gargano manage 4-19-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #