

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90017 024 ****61.25

DOCUMENT # N01805

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



Principal Place of Business
**17334 GULF BOULEVARD
NORTH REDINGTON BEACH, FL 33708**

Mailing Address
**16401 GULF BLVD
NORTH REDINGTON BEACH, FL 33708**

40076433



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04032008 Chg-NP CR2E037 (12/06)

4. FEI Number
58-1557971

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**COMMONS, RICHARD C
300 S DUNCAN AVE STE 220B
CLEARWATER, FL 33755**

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

**Filing Fee is \$81.25
Due by May 1, 2008**

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 PD ☐ Delete
NAME BASSETT, WILLIAM W.
STREET ADDRESS 212 E LINCOLN RD.
CITY-ST-ZIP KOKOMO, IN 46902

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

TITLE D ☒ Delete
NAME UITS, CONRAD E.
STREET ADDRESS 2175 W 300TH ST
CITY-ST-ZIP KOKOMO, IN 46902

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

TITLE TD ☐ Delete
NAME LECHOWICZ, TOM
STREET ADDRESS 17405 BLUFF DR
CITY-ST-ZIP GRAYSLAKE, IL 600303006

TITLE ☒ Change ☐ Addition
NAME Lechowicz, Tom
STREET ADDRESS 17405 Bluff Dr.
CITY-ST-ZIP Grays Lake, IL 60030-3006

TITLE VD ☐ Delete
NAME O'DONELL, JOHN
STREET ADDRESS 782 E COUNTY RD 450 N
CITY-ST-ZIP KOKOMO, IN 46901

TITLE ☒ Change ☐ Addition
NAME O'Donnell, John
STREET ADDRESS 782 East County Rd 450N
CITY-ST-ZIP Kokomo, IN 46901

TITLE SD ☐ Delete
NAME REBBER, STAN
STREET ADDRESS PO BOX 607
CITY-ST-ZIP KOKOMO, IN 46901

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Bassett, John
STREET ADDRESS 1689 Apple Valley Dr.
CITY-ST-ZIP Wauconda, IL 60084-1415

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-08 765-453-9200