

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01805

FILED  
Jan 30, 2009  
Secretary of State

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

**Current Principal Place of Business:**

17334 GULF BOULEVARD  
NORTH REDINGTON BEACH, FL 33708

**New Principal Place of Business:**

**Current Mailing Address:**

16401 GULF BLVD  
NORTH REDINGTON BEACH, FL 33708

**New Mailing Address:**

901 N HERCULES AVENUE  
SUITE A  
CLEARWATER, FL 33765

**FEI Number:** 58-1557971

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

COMMONS, RICHARD C  
901 N HERCULES AVENUE SUITE A  
CLEARWATER, FL 33765 US

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:

01/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BASSETT, WILLIAM W.,  
Address: 212 E LINCOLN RD.  
City-St-Zip: KOKOMO, IN 46902

Title: D ( ) Delete  
Name: LECHOWICZ, TOM  
Address: 17405 BLUFF DR  
City-St-Zip: GRAYSLAKE, IL 60030

Title: D (X) Delete  
Name: O'DONNELL, TOM  
Address: 17405 BLUFF DR.  
City-St-Zip: GRAYSLAKE, IL 60030

Title: SD (X) Delete  
Name: O'DONNELL, JOHN  
Address: 782 EAST COUNTY RD, 450N  
City-St-Zip: KOKOMO, IN 46901

Title: VP ( ) Delete  
Name: BASSETT, JOHN  
Address: 1689 APPLE VALLEY DR  
City-St-Zip: WAUCONDA, IL 60084

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BASSETT, WILLIAM W.,  
Address: 212 E LINCOLN RD.  
City-St-Zip: KOKOMO, IN 46902

Title: S (X) Change ( ) Addition  
Name: REBBER, STANLEY  
Address: P.O. BOX 607  
City-St-Zip: KOKOMO, IN 46901

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RICHARD C. COMMONS

CPA

01/30/2009

Electronic Signature of Signing Officer or Director

Date