2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 8:00 am Secretary of State

DOCUMENT # N02437 1. Entity Name EMERALD HARBOR CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address						03	-31-2008 9	0013 043	****61.	25
Principal Place 1279 S. ORL/ COCOA BEACH	IUE 1A	931 Same		Annumum.		 	E1E11 E1E11 E1E1	1[3] 8) (F8)		
			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.		03212008 Ch	ng-NP	CR2E037	(12/06)	
City & State		City & State		E0 2424020		plied For t Applicable				
Zip	Zip Country		Zip Country			5. Certificate of Status Desired Sa.75 Additional Fee Required				
	6. Name	and Address of Current F	Registered Agent	No=+		7. Name and Add	ress of New R	egistered Ag	ent	
RIGERMAI	•	YNA- Flaash	un Association	Name						· -
RIGERMAN, MARILYN A - Flagship Association Street Address (P.O. Box Number is Not Acceptable) COCOA BEACH, FL 32931 To a Columbia Dr. 204 Street Address (P.O. Box Number is Not Acceptable)										
0000,100		Cane	Canaveraly F	City			*****		Zip Code	
<u> </u>						FL	<u> </u>			
		y submits this statement for tered agent.	the purpose of changing its	registered office or r	registere	ed agent, or both, in	ine State of Fig	orida. Tam ta	miliar with,	ало ассерт
SIGNATURÉ.										
	Signature, typed	d or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signature	e required	(when rainstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Car	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
	Due by N		Trust Fund (
10.			ECTORS	Contribution.			Flor	ida Departn RS AND DIRE	CTORS IN	ate
	DS	May 1, 2008		Contribution.		Added to Fees	Flor	ida Departn RS AND DIRE	nent of St	ate
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/08

921-403-1344

Daytime Phone #