FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State
03-04-1999 90224 023 ****61.25

0034874

DOCUMENT # N15113

1. Corporation Name

EMERALD OAKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
THE CONTINENTAL GROUP. INC. 20815 N.E. 16 AVENUE. B-14 NORTH MIAMI BEACH FL 33179	THE CONTINENTAL GROUP. INC. 20815 N.E. 16 AVENUE. B-14 NORTH MIAMI BEACH FL 33179

2. Principal Place of Business	2a. Mailing Address
21 2950 N. 28 Terrace	26 2950 N. 28 Terrace
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 Hollywood, FL	City & State: 28 Hollywood, FL
Zip: 24 33020 Country: 25	Zip: 29 33020 Country: 30

3. Date Incorporated or Qualified: 05/27/1986

4. FEI Number: 59-2722406 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

STRALEY P.A., STEPHEN J
3990 SHERIDAN STREET
SUITE 109
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FRANCO, MIKE		1.2 NAME	
STREET ADDRESS	3227 OLD OAK LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-ST-ZIP	
TITLE	VP	☒ DELETE	2.1 TITLE	D ☐ Change ☐ Addition
NAME	NONKIN, MARK		2.2 NAME	Linkhorst, Adam
STREET ADDRESS	3303 WATER OAK DR.		2.3 STREET ADDRESS	3318 Old Oak Lane
CITY-ST-ZIP	HOLLYWOOD FL 33021		2.4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ST JAMES, MARIE		3.2 NAME	
STREET ADDRESS	3503 EMERAL OAKS DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BONETTO, JUAN		4.2 NAME	
STREET ADDRESS	3460 LAUREL OAK LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	VP ☐ Change ☒ Addition
NAME	COSIMI, IVAN		5.2 NAME	Cosimi, Ivan
STREET ADDRESS	3433 WATER OAK DR		5.3 STREET ADDRESS	3433 Water Oaks Dr.
CITY-ST-ZIP	HOLLYWOOD FL 33021		5.4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	FORNO, DICK		6.2 NAME	
STREET ADDRESS	3565 ARBOR LANE		6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. Franco Pres 10 Feb 99 954-[illegible]-3280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)