

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 14, 2009
Secretary of State

DOCUMENT# N94000001230

Entity Name: EMERALD POINTE CONSOLIDATED CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US**New Principal Place of Business:****Current Mailing Address:**6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US**New Mailing Address:****FEI Number:** 65-0606082**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RANDALL K ROGER & ASSOC, P.A.
621 NW 53RD ST, STE 300
BOCA RATON, FL 33487 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: MOLINARO, ANDREW G
Address: 14372 EMERALD LAKE DR
City-St-Zip: DELRAY BEACH, FL 33446**Title:** SD () Delete
Name: COHEN, ROBERTA
Address: 14431 VIA ROYALE #2
City-St-Zip: DELRAY BEACH, FL 33446**Title:** TD () Delete
Name: SARACENI, SAL
Address: 14340 EMERALD LAKE DRIVE #1
City-St-Zip: DELRAY BEACH, FL 33446**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: SARACINI, SAL
Address: 14340 EMERALD LAKE DRIVE
City-St-Zip: DELRAY BEACH, FL 33446**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TD (X) Change () Addition
Name: BUTLER, JAMIE
Address: 14371 VIA ROYALE
City-St-Zip: DELRAY BEACH, FL 33446

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: SAL SARACINI

PD

07/14/2009

Electronic Signature of Signing Officer or Director

Date