

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N94000005181 (2)**

1. Corporation Name

**EMERALD SHORES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

262 E MERRITT IS CSWY.  
SUITE 6  
MERRITT ISLAND FL 32952  
US

P.O. BOX 320637  
COCOA BEACH FL 32932-0637  
US

3. Date Incorporated or Qualified  
**09/08/1994**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address **1405 Hwy A1A**

21 **1405 Hwy A1A**

26 **1405 Hwy A1A**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Box 100**

27 **Box 100**

23 **Satellite Beach**

28 **Satellite Beach, FL**

24 **32937**

25 **US**

29 **32937**

30 **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEEPLES, JAMES W III  
505 NORTH ORLANDO AVE.  
COCOA BEACH FL 32932-0757

81 Name **Shirley Friedland**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1405 Hwy A1A unit 701**  
83  
84 City **Satellite Beach, FL**  
85 Zip Code **32937**

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 617.0502, Florida Statutes.

SIGNATURE

*Shirley Friedland, President*

**5/15/96**

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	KODSI, MAURICE	
STREET ADDRESS	P.O. BOX 320637 (N/A)	
CITY-ST-ZIP	COCOA BEACH FL 32932-0637	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	KING, BRENDA	
STREET ADDRESS	P.O. BOX 320637 (N/A)	
CITY-ST-ZIP	COCOA BEACH FL 32932-0637	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	KODSI, JUDITH	
STREET ADDRESS	P.O. BOX 320637 (N/A)	
CITY-ST-ZIP	COCOA BEACH FL 32932-0637	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Friedland, Shirley	
1.3 STREET ADDRESS	1405 Hwy A1A Box 100	
1.4 CITY-ST-ZIP	Satellite Beach, FL 32937	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Zander, Donald	
2.3 STREET ADDRESS	1405 Hwy A1A Box 100	
2.4 CITY-ST-ZIP	Satellite Beach, FL 32937	
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rogers, Richard	
3.3 STREET ADDRESS	1405 Hwy A1A Box 100	
3.4 CITY-ST-ZIP	Satellite Beach, FL 32937	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Amore, Gene	
4.3 STREET ADDRESS	1405 Hwy A1A Box 100	
4.4 CITY-ST-ZIP	Satellite Beach, FL 32937	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Fand, Beatrice	
5.3 STREET ADDRESS	1405 Hwy A1A Box 100	
5.4 CITY-ST-ZIP	Satellite Beach, FL 32937	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Shirley Friedland*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

**5/15/96**

Date

Daytime Phone #

CR2E037 (12/95)