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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

1405 HWY A1A

ROX 100

N9400005181 (2)

Mailing Address

1405 HWY A1A

BOX 100

EMERALD SHORES CONDOMINIUM ASSOCIATION, INC.

| SATELLITE BE | ACH FL 3293 | 7 | SATELLITE BEACH FL 32937-5449 US | | | Date Incorporated or Qualified | 3a. Date of Las | ot Papart | | |
|--|------------------|---|-------------------------------------|---------------------------------------|---------------------|---|---|------------------------------|-----------------------|--|
| US | . ha | | | | | | | 1996 | | |
| 2. Principal P | lace of Busir | 1055 | 2a. Mailing Address | | | 4. FEI Number 59-3274067 | | Applied For | | |
| Suite, Apt. | #, etc. | | Suite. Apt. #, etc. | | | | S87 | Not Applicable 5 Additional | | |
| 22 | | | 27 | · · · · · · · · · · · · · · · · · · · | | | Certificate of Status Desired | 1 1 ' | Required | |
| City & Stal- | é | | City & State | h | | | Election Campaign Financing \$5.00 May Be | | | |
| 23 Zip | | Country | 28 Z _(r) | 28 | | | Trust Fund Contribution Added to Fees | | | |
| 24 | ŀ | 25 | 29 | 30 | | | B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | | |
| Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Registered Agent | | | | |
| | | | | | | 81 Name Piahaen Pourses | | | | |
| FRIEDLAND, SHIRLEY | | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 1405 HWY A1A UNIT 701 | | | | | | 1405 HIGHWAY ATA #301 | | | | |
| SATELLITE BEACH FL 32937 | | | | | | | , | | | |
| | | | | | 84 City< | ATE | Ellite Bch | FL 85 2 | ip Code | |
| 11. Pursuant | to the provis | ions of Sections 617.050 | 2 and 617.1508, Florida Statu | tes, the a | bove-named | d corpo | ration submits this statement for the nu | rpose of changin | g 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 | Richi | ARD ROBERS | s - PRESIDEI | TV | | | | | | |
| 12. | Signature typest | or printed name of registered age OFFICERS ANI | · | | d Agent signatur | e required | d when reinstating) | DATE | (000 11140 | |
| TITLE | DP | OF ICENS ANI | DELETE | 13. | TI E | D | ADDITIONS/CHANGES TO OFFICE | ERS AND DIRECT | | |
| NAME | | AND, SHIRLEY | | 1.2 N/ | | | | Jest Criani | Je Audition | |
| STREET ADDRESS | | WY A1A BOX 100 | | | | | 1405 HIGHWAY AIA # 701 | | | |
| CITY-ST-20P | | ITE BEACH FL | | | | | 33 manway m | 101 | | |
| TITLE | DVP | | DELETE | 2.1 TI | | 1 | | Chang | ge Addition | |
| NAME | ZANDER | r, donald | | 2.2 N/ | AME | | | | | |
| STREET ADDRESS | 1405 H\ | NY A1A BOX 100 | 2.33 | | TREET ADDRESS 14-C | | 405 HIGHWAY AIA # 303 | | | |
| City-St-ZiP | SATELL | ITE BEACH FL | | 2.4 C | ITY - ST - ZIP | l . | <u>•</u> | | | |
| TITLE | DT | | ☐ DELETE | 3.1 TI | TLE | P/D | | Chang | ge Addition | |
| NAME | | S, RICHARD | | 3.2 N/ | AME | | | +3A1 | | |
| STREET ADDRESS | | NY A1A BOX 100 | | 3.3 \$1 | TREET ADDRESS | 140 | HD5 HIGHWAY AIA #301 ATELLITE BCH , FL 33937 ID Change Addition | | | |
| CITY-ST-ZIP TITLE | D D | ITE BEACH FL | DELETE | | ITY-ST-ZIP | JA | TELLITE BCH, FL | <i>3293</i> 7 | 7-14 | |
| NAME. | AMARE, | CENE | | 4.1 11 | | 2/1 | 1 | La Chang | ge L Addition | |
| STREET ADDRESS | | NY A1A BOX 100 | | 4. 2 N | rme Reet address | 161 | ENE AMORE 05 HIGHWAY AIA | # 204 | | |
| CITY - ST - ZIP | | ITE BEACH FL | | | TY-ST-ZIP | 141 | 05 HIGHWAY ATA | 2002 | - | |
| TITLE | D | | DELETE | 5.1 10 | | | TELLITE BCH, FI | 32937 Chang | | |
| NAME | _ | BEATRICE | | 5.2 NA | | 100 | Alph MASTROLE | C. Crians | yo yea yadanon | |
| STREET ADDRESS | • | WY A1A BOX 100 | | | REET ADDRESS | 141 | 5 HIGHWAY AIA | # 501 | | |
| CHTY - ST - ZIP | SATELLI | ITE BEACH FL | | | TY-ST-ZIP | | ITELLITE BCH, FI | | 2 | |
| TITLE | | | DELETE | 6.1 7 | TLE | | | Chang | | |
| NAME | | | | 6.2 NA | AME | | | | | |
| STREET ADDRESS | | | | 6.3 \$1 | reet address | | | | | |
| CITY-ST-7/P | | | | 6.4 CI | TY-ST-ZIP | | | | | |
| | | | | | | | n Section 119.07(3)(i), Florida Statutes ny signature shall have the same legal | | | |
| I am an officer or director of the comoration or the receiver or trustee ampowered 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 or an attachment with an address. | | | | | | | | | | |

SIGNATURE:

ENO RICHARD ROGERS

407-773-4736

FILED

Mar 20 1997 8:00am

Secretary of State