2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005181

1. Entity Name

EMERALD SHORES CONDOMINIUM ASSOCIATION, INC.



FILED Jan 22, 2003 8:00 am Secretary of State

01-22-2003 90143 037 ****61.25

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Principal Plac 1405 HWY A1A BOX 100 SATELLITE BEA US	ACH FL 32937	Mailing Address 1405 HWY A1A BOX 100 SATELLITE BEACH FL 32937 US										
2. Principal Place of Business 3. Mailing Address												
Suite, Apt. #, etc. Suite, Apt. #, et					etc.			CHECK HERE IF MAKING CHANGES				
City & State	е	City &	City & State				4. FEI Number 59-3274067 Applied For Not Applicable					
Zip Country			Zip	Zip Co			5. Certificate of S			tatus Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						I		7. Name and	Address of Ne	w Registered	d Agent	
SUITE 30: SATELLIT	HWAY A1A 3 E BEACH F		registere	Name Churchward Victor Street Address (P.O.Box Number-is Not Acceptable) 304 City Beach FL Zip Code 37 Istered office or registered agent, or both, in the State of Florida. I am familiar with, and accept								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reference to the composition of						Inancing	Continue required	when reinstating) \$5.00 May E Added to Fees			ck Payable	
10.		OFFICERS AND DIR	ECTORS		11.			ADDITIONS/CH	ANGES TO OFF	CERS AND	DIRECTORS IN	10
TITLE NAME STREET ADDRESS	1405 HIGH	ARD, VICTOR WAY A1A #403 BEACH FL 32937		☐ Delete	NAM! STRE		PÉ		111020 10 011	,02(10)(1)0	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Onald Way A1A, #303 Beach Fl 32937		☐ Delete			٥				Change	Addition
TITLE NAME STREET ADDRESS 1 CITY-ST-ZIP		DAVID A1A:# BEACH FL 32937		Delete			್ತ ಪ್ರಕ್ಷಾ	and the same	تسييحان بهرتي	the secondary	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASTROLE 1405 HWY SATELLITE			☐ Delete			TD)			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDLAND 1405 HWY SATELLITE			☐ Delete			VP	D			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		E ET ADDRESS -ST-ZIP	5 C Mil 140 321	lard, 5 Hwy ellite	Rober AIA Bch.	+ 60 FL	Change 3293	Addition 37

12. 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 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: X S/200 UNE BENEURED VICTOR CHURCHWARD 1/15/03 321-777-2210