

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90101 001 ****61.25

DOCUMENT # N95000000421

1. Entity Name
EMERALD AT DELRAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**5936 MORINGSTAR CIR.,
DELRAY BEACH, FL 33484 US**

Mailing Address
**6401 CONGRESS AVENUE
STE 140
BOCA RATON, FL 33487 US**

40079500 **4538**



2. Principal Place of Business - No P.O. Box #
1200 S Rogers Circle

3. Mailing Address
1200 S Rogers Circle

Suite, Apt. #, etc.
Ste 3

Suite, Apt. #, etc.
Ste # 3

City & State
Boca Raton FL

City & State
Boca Raton FL

Zip
33487

Country

Zip
33487

Country

04082008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0556265

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LIPPMAN, KAREN
16401 CONGRESS AVENUE
STE 140
BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name **Karen Lippman**
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Rogers Circle Ste 3
City **Boca Raton** FL Zip Code **33487**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Karen Lippman

4/15/08

Signature, typed or printed name of registered agent, and date (applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FRIEDMAN, IRA	
STREET ADDRESS	5962 MORNINGSTAR CIR #101	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GESTLER, MARIA	
STREET ADDRESS	5962 MORNINGSTAR CIRCLE #105	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEDERHANDLER, JOSH	
STREET ADDRESS	5962 MORNINGSTAR CIRCLE #305	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sutton, Esther	
STREET ADDRESS	5962 Morningstar Circle # 402	
CITY-ST-ZIP	Delray Beach FL 33484	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/08 561 889 8201