2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005
Secretary of State

DOCUMENT# N95000005080

Entity Name: EMILY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2199 NW 20 STREET
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

2199 NW 20 STREET
MIAMI, FL 33142

New Mailing Address:

FEI Number: 65-0637714 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELIE, ISSA
2199 NW 20 STREET
#6,7,8
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

HERRERO, LAWRENCE G
2199 NW 20 STREET
1
MIAMI, FL 33142 US

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: LAWRENCE HERRERO 03/17/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MERCHANT, M.A.
Address: 2199 NW 20 STREET #1
City-St-Zip: MIAMI, FL 33142

Title: PDT ( ) Delete
Name: ELIE, ISSA
Address: 2199 NW 20 STREET #6,7,8
City-St-Zip: MIAMI, FL 33142

Title: VPD ( ) Delete
Name: BENITES, LUIS
Address: 2199 N.W. 20 ST., #4
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MERCHANT, M. A.
Address: 2199 NW 20 STREET UNIT 1
City-St-Zip: MIAMI, FL 33142

Title: VPT (X) Change ( ) Addition
Name: ELIE, TONY
Address: 2199 NW 20 STREET UNIT 1
City-St-Zip: MIAMI, FL 33142

Title: VPS (X) Change ( ) Addition
Name: BENITES, LUIS
Address: 2199 N.W. 20 ST. UNIT 1
City-St-Zip: MIAMI, FL 33142

I hereby certify that the information supplied with this filing does not qualify for the 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 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: M. A. MERCHANT P 03/17/2005
Electronic Signature of Signing Officer or Director Date