2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91289 032 ****61.25

DOCUMENT # N99000002467

1. Entity Name

EMERALD POINTE AT BAY ISLES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O CONDOMINIUM MANAGEMENT. INC 1801 GLENGARY STREET SARASOTA FL 34231	C/O CONDOMINIUM MANAGEMENT. INC 1801 GLENGARY STREET SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Beth Callans Manggement	c/o Beth Callans Manggement
Suite, Apt. #, etc.: 595 Bay Isles Rd., Suite 201	Suite, Apt. #, etc.: 595 Bay Isles Rd., Suite 201
City & State: Longboat Key, FL	City & State: Longboat Key, FL
Zip: 34228 Country: USA	Zip: 34228 Country: USA

4. FEI Number: 65-0917179 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONDOMINIUM MANAGEMENT, INC 1801 GLENGARY STREET SARASOTA FL 34231	Name: Beth Callans Management Corp. Street Address (P.O. Box Number is Not Acceptable): 595 Bay Isles Road Suite 201 City: Longboat Key FL Zip Code: 34228

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.

SIGNATURE: Beth Callans
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CLAPP, RHIANNON 4243 NORTHLAKE BLVD. PALM BEACH GARDENS FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MANSURI, IBRAHIM 4243 NORTHLAKE BLVD. PALM BEACH GARDENS FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WHEAT, TIMOTHY P 4243 NORTHLAKE BLVD. PALM BEACH GARDENS FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS CLARK, P RICHARD 1801 GLENGARY STREET SARASOTA FL 34231	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS CALLANS, Beth 4771 MAID MARIAN LN SARASOTA, FL 34232	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: Beth Callans 5/1/02 (941)387-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #