2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State
05-27-2004 90015 037 ****61.25

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1. Entity Name
EMERALD POINTE AT BAY ISLES CONDOMINIUM ASSOCIATION, INC.

66429772

Principal Place of Business	Mailing Address
C/O BETH CALLANS MGMT 595 BAY ISLES RD SUITE 201 LONGBOAT KEY, FL 34228	C/O BETH CALLANS MGMT 595 BAY ISLES RD SUITE 201 LONGBOAT KEY, FL 34228

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06302004 No Chg-NP CR2E037 (10/03)

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

BETH CALLANS MGMT CORP
595 BAY ISLES RD SUITE 201
LONGBOAT KEY, FL 34228

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

Filing Fee is $61.25
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TANLEY, JEFF
STREET ADDRESS	4243-D NORTHLAKE BLVD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	VPD
NAME	BRAHMBHATT, YASHVANT
STREET ADDRESS	4243 NORTHLAKE BLVD.
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	STD
NAME	CURTIN, MAUREEN
STREET ADDRESS	2065 HARBOUR LINKS DR
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Maureen Curtin 6.30.04 941.387.3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #