2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90549 042 ****61.25

DOCUMENT # N99000002467

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

20035509

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

04132005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TANLEY, JEFF 4243-D NORTHLAKE BLVD PALM BEACH GARDENS, FL 33410	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Wallace, John 1912 Harbour Links Cir. Longboat Key, FL 34228	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BRAHMBHATT, YASHVANT 4243 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Quiriconi, Frank 1904 Harbour Links Cir. Longboat Key, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CURTIN, MAUREEN 2065 HARBOUR LINKS DR LONGBOAT KEY, FL 34228	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Curtin, Maureen 2065 Harbour Links Dr. Longboat Key, FL 34228	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASTD Barrett, Linda 2073 Harbour Links Dr. Longboat Key, FL 34228	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Lambert, Darleen 1907 Harbour Links Cir. Longboat Key, FL 34228	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Frank Quiriconi Frank Quiriconi 4/15/05 941 400 6966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #