2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2009
Secretary of State

DOCUMENT# N99000002467

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

Current Principal Place of Business:

1959 HARBOUR LINK DR
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

POB 1607
HOLMES BEACH, FL 34228

New Mailing Address:

PO BOX 1607
HOLMES BEACH, FL 34217

FEI Number: 65-0917179 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLMES BEACH PROPERTY MGMT.
6400 MANATEE AVE STE G
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WALLACE, JOHN	
Address:	1912 HARBOUR LINKS CIR	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	TD	( ) Delete
Name:	QUIRICONI, FRANK	
Address:	1904 HARBOUR LINKS CIR	
City-St-Zip:	LONGBOAT KEY, FL	
Title:	SD	( ) Delete
Name:	SCHRIEBER, SHARON	
Address:	1908 HARBOUR LINKS CIRCLE	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	D	( ) Delete
Name:	CURTIN, DAN	
Address:	2065 HARBOUR LINKS CIRCLE	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	D	( ) Delete
Name:	GUGINO, CARL	
Address:	2073 HARBOUR LINKS DR	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	QUIRICONI, FRANK	
Address:	1904 HARBOUR LINKS CIR	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	CURTIN, DAN	
Address:	2065 HARBOUR LINKS DRIVE	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	M	( ) Change (X) Addition
Name:	CONDRON, TOM	
Address:	6400 MANATEE AVENUE WEST SUITE G	
City-St-Zip:	BRADENTON, FL 34209	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TOM CONDRON M 03/21/2009

Electronic Signature of Signing Officer or Director — Date