

FILED

Jun 09, 2003 8:00 am
Secretary of State

05-19-2003 90219 049 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N99000002467

1. Entity Name

EMERALD POINTE AT BAY ISLES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

C/O BETH CALLANS MGMT
595 BAY ISLES RD SUITE 201
LONGBOAT KEY FL 34228

Mailing Address

C/O BETH CALLANS MGMT
595 BAY ISLES RD SUITE 201
LONGBOAT KEY FL 34228

44003659

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0917179

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD
NAME CLAPP, RHIANNON ☒ Delete
STREET ADDRESS 4243 NORTHLAKE BLVD.
CITY-ST-ZIP PALM BEACH GARDENS FL 33435TITLE Jeff Isley ☐ Change ☒ Addition
NAME 4243-D Northlake Blvd.
STREET ADDRESS Palm Beach Gardens, FL 33410
CITY-ST-ZIPTITLE VD
NAME MANSURI, IBRAHIM ☒ Delete
STREET ADDRESS 4243 NORTHLAKE BLVD.
CITY-ST-ZIP PALM BEACH GARDENS FL 33435TITLE VP D
NAME Vashant Brahmbhatt ☐ Change ☒ Addition
STREET ADDRESS 4243-D Northlake Blvd.
CITY-ST-ZIP Palm Beach Gardens, FL 33410TITLE PD
NAME WHEAT, TIMOTHY P ☒ Delete
STREET ADDRESS 4243 NORTHLAKE BLVD.
CITY-ST-ZIP PALM BEACH GARDENS FL 33435TITLE S/T D
NAME Maureen Lyntin ☐ Change ☒ Addition
STREET ADDRESS 2065 Harbour Links Dr.
CITY-ST-ZIP Longboat Key, FL 34228TITLE AS
NAME CALLANS, BETH ☒ Delete
STREET ADDRESS 4771 MAID MARIAN LANE
CITY-ST-ZIP SARASOTA FL 34232TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Signature of Beth Callans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (10/02)