FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **768921** **(9)**

1. Corporation Name

EMERALD LAKES TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5842 SE WINDSONG LANE STUART FL 34997	5842 SE WINDSONG LANE STUART FL 34997

3. Date Incorporated or Qualified: **06/14/1983**
3a. Date of Last Report: **04/05/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-2303888** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORNETT, JANE
401 E. OSCEOLA ST.
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	T	☐ Change ☒ Addition
NAME	BLEAM, FRANKLIN		1.2 NAME	Charles Salvia	
STREET ADDRESS	6526 SE WINDSONG LANE		1.3 STREET ADDRESS	5843 SE Windsong Lane	
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP	Stuart FL 34997	
TITLE	XDX S	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	BYRUM, ANN		2.2 NAME	Bernard Kavanagh	
STREET ADDRESS	5957 SE WINDSONG LANE		2.3 STREET ADDRESS	5933 SE Windsong Lane	
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZIP	Stuart, FL 34997	
TITLE	S	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WINIFRED, SCOTT		3.2 NAME		
STREET ADDRESS	5777 SE WINDSONG LN		3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GAYWOOD, JOHN		4.2 NAME		
STREET ADDRESS	6482 SE WINDSONG LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FOOHS, W.C.		5.2 NAME		
STREET ADDRESS	5724 SE WINDSONG LN.		5.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	YETMAN, GEORGE		6.2 NAME		
STREET ADDRESS	5840 SE WINDSONG LN.		6.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George Yetman 2-6-96 George Yetman 407-220-3684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)