

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768921

1. Entity Name

EMERALD LAKES TOWNHOMES HOMEOWNERS ASSOCIATION.

Principal Place of Business

5842 SE WINDSONG LANE
STUART FL 34997

Mailing Address

5842 SE WINDSONG LANE
STUART FL 34997-8224

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

59-2303888

Applied For

Not Applicable

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

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

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.

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 Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	☒ Delete
NAME	NISKY, JOSEPH	
STREET ADDRESS	5851 SE WINDSONG LANE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	S	☐ Delete
NAME	BYRUM, ANN	
STREET ADDRESS	5957 SW WINDSONG LANE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	VP	☐ Delete
NAME	BUTLER, ROBERT	
STREET ADDRESS	5873 SE WINDSONG LANE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	☐ Delete
NAME	NAU, JAMES	
STREET ADDRESS	6472 SE WINDSONG DRIVE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	☒ Delete
NAME	MANDEHR, NORMAN	
STREET ADDRESS	6524 SE WINDSONG LANE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	P	☐ Delete
NAME	YETMAN, GEORGE	
STREET ADDRESS	5840 SE WINDSONG LN	
CITY-ST-ZIP	STUART FL 34997	

TITLE	D	☐ Change ☒ Addition
NAME	Vincent Buncella	
STREET ADDRESS	5851 SE Windsong Lane	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE	T	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	☐ Change ☒ Addition
NAME	Manita Powell	
STREET ADDRESS	6556 SE Windsong Lane	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE		☐ 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90005 012 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)