

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90092 031 ****61.25

DOCUMENT # 768921

1. Entity 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

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **BUMELLA, VINCENT**
 CITY-ST-ZIP **5851 SE WINDSONG LANE**
STUART FL 34997

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **BYRUM, ANN**
 CITY-ST-ZIP **5957 SW WINDSONG LANE**
STUART FL 34997

TITLE ☐ Change ☒ Addition
 NAME **D,VP**
 STREET ADDRESS **Andrew, William**
 CITY-ST-ZIP **5801 SE Windsong Lane**
Stuart, FL 34997

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **BUTLER, ROBERT**
 CITY-ST-ZIP **5873 SE WINDSONG LANE**
STUART FL 34997

TITLE ☐ Change ☒ Addition
 NAME **D,VP**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **NAU, JAMES**
 CITY-ST-ZIP **6472 SE WINDSONG DRIVE**
STUART FL 34997

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **MOUSEL, AL**
 CITY-ST-ZIP **5812 SE WINDSONG LN**
STUART FL 34997

TITLE ☐ Change ☒ Addition
 NAME **D, S, T**
 STREET ADDRESS **Manch, Allen**
 CITY-ST-ZIP **5859 SE Windsong Lane**
Stuart, FL 34997

TITLE ☒ Delete
 NAME **P**
 STREET ADDRESS **YETMAN, GEORGE**
 CITY-ST-ZIP **5840 SE WINDSONG LN.**
STUART FL

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Butler

Date

Daytime Phone #

CR2E037 (9/01)