

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-09-2004 90027 013 ****61.25

DOCUMENT # 768921 1. Entity Name EMERALD LAKES TOWNHOMES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5842 SE WINDSONG LANE STUART FL 34997			Mailing Address 5842 SE WINDSONG LANE STUART FL 34997		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2303888 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				MOORE CR2E037 (11/03)	
6. Name and Address of Current Registered Agent CORNETT, JANE 401 E. OSCEOLA ST. STUART FL 34994			7. Name and Address of New Registered Agent Name Deborah Ross, Esquire Street Address (P.O. Box Number is Not Acceptable) 759 SW Federal Hwy Stuart, FL 34994 City State 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: Deborah L. Ross DATE: 3/19/04 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUMELLA, VINCENT 5851 SE WINDSONG LANE STUART FL 34997	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Burcella, Vincent	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WILLIAN, ANDREW 5201 SE WINDSONG LANE STUART FL 34997	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Andrew, William	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUTLER, ROBERT 5873 SE WINDSONG LANE STUART FL 34997	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAU, JAMES 6472 SE WINDSONG DRIVE STUART FL 34997	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S, T Knutsen, Victor 5979 SE Windson Lane Stuart, FL 34997	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MENCH, ALLEN 5859 SE WINDSONG LANE STUART FL 34997	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Yetman, George 5840 SE Windson Lane Stuart, FL 34997	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nelson, Sandra 5825 SE Windson Lane Stuart, FL 34997	☐ Change ☒ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					