

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90055 005 ****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		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	



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent ROSS, DEBORAH ESQ. 759 SW FEDERAL HWY. STUART FL 34994		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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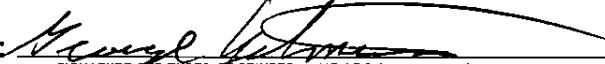
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURCELLA, VINCENT 5851 SE WINDSONG LANE STUART FL 34997 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lombardi, Angelo 5845 SE WINDSONG LANE STUART, FL 34997 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ANDREW, WILLIAM 5201 SE WINDSONG LANE STUART FL 34997 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	D Fstabile, Frank 5808 SE WINDSONG LANE STUART, FL 34997 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KAUTSEN, VICTOR 5979 SE WINDSONG LANE STUART FL 34997 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sells, Don 6508 SE WINDSONG LANE STUART, FL 34997 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YETMAN, GEORGE 5840 SE WINDSONG LANE STUART FL 34997 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	YETMAN George 5840 SE WINDSONG LANE STUART FL 34997 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, SANDRA 5825 SE WINDSONG LANE STUART FL 34997 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 #