

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90035 038 \*\*\*\*61.25

**DOCUMENT # NO1000007307**

1. Entity Name  
**EMERALD ISLAND RESORT MASTER ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**5401 KIRKMAN ROAD, SUITE 525** **5401 KIRKMAN ROAD, SUITE 525**  
**ORLANDO FL 32819** **ORLANDO FL 32819**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. **300** Suite, Apt. #, etc. **300**

City & State City & State 4. FEI Number  Applied For  
 Not Applicable  
 Zip Country Zip Country 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DESHPANDE, ANIL**  
**5401 KIRKMAN ROAD, SUITE 525**  
**ORLANDO FL 32819**

7. Name and Address of New Registered Agent  
 Name **SUE CARPENTER**  
 Street Address (P.O. Box Number is Not Acceptable) **5401 S Kirkman Rd**  
**#300**  
 City **ORLANDO** FL Zip Code **32819**

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 *Sue Carpenter* DATE **1-22-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FROELICH, SEAN</b> <b>5401 KIRKMAN ROAD, SUITE 525</b> <b>ORLANDO FL 32819</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTD</b> <b>MOORE, WILLIAM M</b> <b>5401 KIRKMAN ROAD, SUITE 525</b> <b>ORLANDO FL 32819</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>WEGNER, WILLIAM</b> <b>5401 KIRKMAN ROAD, SUITE 525</b> <b>ORLANDO FL 32819</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3200 Vineland Rd</b> <b>#200</b> <b>ORLANDO FL 32811</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5200 Vineland Rd</b> <b>#200</b> <b>ORLANDO FL 32811</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5200 Vineland Rd</b> <b>#200</b> <b>ORLANDO FL 32811</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 or other like empowered.

SIGNATURE: *Sue Carpenter* **PRESIDENT** 1.22.02 407/903-9969

CR2E037 (9/01)