

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90085 018 ****61.25

0015012

DOCUMENT # **NO1000007307**

1. Entity Name

EMERALD ISLAND RESORT MASTER ASSOCIATION, INC.



Principal Place of Business

**5401 KIRKMAN ROAD, SUITE 300
ORLANDO FL 32819**

Mailing Address

**5401 KIRKMAN ROAD, SUITE 300
ORLANDO FL 32819**

2. Principal Place of Business

Suite, Apt. #, etc. **475**

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc. **475**

City & State

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR
01 0595456**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required.**

6. Name and Address of Current Registered Agent

**CARPENTER, SUE
5401 KIRKMAN ROAD, SUITE 300
ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

SUITE 475

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	FROELICH, SEAN	
STREET ADDRESS	5200 VINELAND RD STE 200	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	MOORE, WILLIAM M	
STREET ADDRESS	5200 VINELAND RD STE 200	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEGNER, WILLIAM	
STREET ADDRESS	5200 VINELAND RD #200	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Dietch	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Helmut Mohle	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SUE CARPENTER** **1-28-03** **407/903-9969** **#105**

CR2E037 (10/02)