

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0013486

04-01-2002 90037 039 \*\*\*\*61.25

**DOCUMENT # N01000007309**

1. Entity Name

**EMERALD ISLAND RESORT VILLAS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

5401 KIRKMAN ROAD, SUITE 525  
 ORLANDO FL 32819

5401 KIRKMAN ROAD, SUITE 525  
 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

**01-0595424**

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

7. Name and Address of New Registered Agent

**DESHPANDE, ANIL**  
 5401 KIRKMAN ROAD, SUITE 525  
 ORLANDO FL 32819

Name **SUE CARPENTER**  
 Street Address (P.O. Box Number is Not Acceptable) **5401 S Kirkman Rd**  
**Suite 300**  
 City **Orlando** FL **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*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-22-02**

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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>FROELICH, SEAN</b>	
STREET ADDRESS	<b>5401 KIRKMAN ROAD, SUITE 525</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE	<b>VPTD</b>	<input type="checkbox"/> Delete
NAME	<b>MOORE, WILLIAM M</b>	
STREET ADDRESS	<b>5401 KIRKMAN ROAD, SUITE 525</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>WEGNER, WILLIAM</b>	
STREET ADDRESS	<b>5401 KIRKMAN ROAD, SUITE 525</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
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	<b>3200 Vineland Rd</b>	
STREET ADDRESS	<b>#200</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32811</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5200 Vineland Rd</b>	
STREET ADDRESS	<b>#200</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32811</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5200 Vineland Rd</b>	
STREET ADDRESS	<b>#200</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32811</b>	
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*  
**PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**407/903**  
**1-22-02**  
**9969**

CP2E037 (9/01)