

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90002 043 ****61.25

DOCUMENT # N01000007309

1. Entity Name
EMERALD ISLAND RESORT VILLAS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 5401 KIRKMAN ROAD SUITE 475 450 ORLANDO, FL 32819 US	Mailing Address 5401 KIRKMAN ROAD SUITE 475 450 ORLANDO, FL 32819 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03012004 Chg-NP CR2E037 (10/03)

4. FEI Number
01-0595424

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 ~~475~~ **450**
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name

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

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

Filing 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

TITLE	DP <input type="checkbox"/> Delete
NAME	CAVARETTA, CHARLES F
STREET ADDRESS	5200 VINELAND RD # 200
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	DVP <input checked="" type="checkbox"/> Delete
NAME	DEITCH, JAMES
STREET ADDRESS	5200 VINELAND RD # 200
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	DST <input type="checkbox"/> Delete
NAME	PROULX, CYNTHIA M
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY DILGER
STREET ADDRESS	5200 VINELAND Rd #200
CITY-ST-ZIP	ORLANDO FL 32811
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	
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: Charles F. Cavaretta 4-5-04 407-529-3068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #