


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90252 045 ****61.25

DOCUMENT # N01000007309

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



Principal Place of Business
**5401 KIRKMAN ROAD, SUITE 450
 ORLANDO, FL 32819 US**

Mailing Address
**5401 KIRKMAN ROAD, SUITE 450
 SUITE 475
 ORLANDO, FL 32819 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

04182005 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 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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAVARETTA, CHARLES F 5200 VINELAND RD # 200 ORLANDO, FL 32811 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DILGER, GARY 5200 VINELAND RD # 200 ORLANDO, FL 32811 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PROULX, CYNTHIA M 5200 VINELAND RD # 200 ORLANDO, FL 32811 <input checked="" 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	Pres Budget, Albert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 127 5TH ST. Somerset, N.J. 08873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Frederick, Barbara Jean <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1601 Yorkshine Trail Keller, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Sect Cowhey, Joseph <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 189 Texas Rd Old Bridge, N.J. 08857
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 all other like empowered.

SIGNATURE: Leslie C. King, Agent for B.O.C. 4/18/05 407-903-9969 x115

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