

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000010846	
1. Entity Name VILLAS AT EMERALD LAKE HOMEOWNER'S ASSOCIATION, INC.	
Principal Place of Business 1355 S. INTERNATIONAL PARKWAY SUITE 2461 LAKE MARY, FL 32746	Mailing Address 1355 S. INTERNATIONAL PARKWAY SUITE 2461 LAKE MARY, FL 32746



02062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-8797404	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DIMILLO, CHRIS
 1355 S. INTERNATIONAL PARKWAY, SUITE 2461
 LAKE MARY, FL 32746

DO NOT WRITE IN THIS SPACE

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, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIMILLO, LOUIE D 1355 S. INTERNATIONAL PARKWAY, SUITE 2461 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DIMILLO, CHRIS 1355 S. INTERNATIONAL PARKWAY, SUITE 2461 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DIMILLO, CAROL 1355 S. INTERNATIONAL PARKWAY, SUITE 2461 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000890147
 04/22/08-80082-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *LOUIE DIMILLO* **LOUIE DIMILLO** 4-7-08 407-936-1150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #