

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21344 (9)

1. Corporation Name

EMERALD WOODS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**187 FOREST LAKES BLVD.
NAPLES FL 33942**

Mailing Address

**187 FOREST LAKES BLVD.
NAPLES FL 33942**

3. Date Incorporated or Qualified

06/26/1987

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2826864

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRACEY, ROBERT T
187 FOREST LAKES BLVD.
NAPLES FL 33942**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

2/26/96

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHITE, ALVIN B	
STREET ADDRESS	60 EMERALD WOODS DR. #B9	
CITY - ST - ZIP	NAPLES FL 33963	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	AGLER, MARTHA	
STREET ADDRESS	75 EMERALD WOODS DR., G-4	
CITY - ST - ZIP	NAPLES FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MARINO, VICTOR	
STREET ADDRESS	60 EMERALD WOODS DR. # B-12	
CITY - ST - ZIP	NAPLES FL 33963	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GRACEY, ROBERT	
STREET ADDRESS	187 FOREST LAKES BLVD.	
CITY - ST - ZIP	NAPLES FL 33942	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOGDANICH, HELEN	
STREET ADDRESS	55 EMERALD WOODS DR #C-6	
CITY - ST - ZIP	NAPLES FL 33963	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GENEROUS, DENICE	
STREET ADDRESS	75 EMERALD WOODS DR. # G-10	
CITY - ST - ZIP	NAPLES FL 33963	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert T. Gracy

2/26/96

Date

941-649-5667

Daytime Phone #

CR2E037 (12/95)