

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 01 1997 8:00am
Secretary of State

DOCUMENT # **N44644** (5)

1. Corporation Name

**EMERALD HILLS HOMEOWNERS ASSOCIATION OF BREVARD
COUNTY, INC.**

Principal Place of Business

Mailing Address

P. O. BOX 561303
ROCKLEDGE FL 32956-1303
US

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ROCKLEDGE FL 32956-1303
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1991

3a. Date of Last Report

04/11/1996

4. FEI Number

65-0324648

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAR-NAVON, BOAZ
1356 RICHWOOD CIRCLE
ROCKLEDGE FL 32955**

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P MYERS, TOM**
STREET ADDRESS **857 TIFFANY PLACE**
CITY-ST-ZIP **ROCKLEDGE FL**

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **D Myers, Tom**
1.3 STREET ADDRESS **857 Tiffany Place**
1.4 CITY-ST-ZIP **Rockledge FL 32955**

TITLE ☒ DELETE

NAME **T QUINONES, PEDRO**
STREET ADDRESS **819 TOPAZ DR.**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **P Swita, Rick J.**
2.3 STREET ADDRESS **908 Beryl Drive**
2.4 CITY-ST-ZIP **Rockledge FL 32955**

TITLE ☒ DELETE

NAME **S LYONS, WARD**
STREET ADDRESS **847 TIFFANY PLACE**
CITY-ST-ZIP **ROCKLEDGE FL**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **T Smith, Valerie**
3.3 STREET ADDRESS **826 Emerald Way**
3.4 CITY-ST-ZIP **Rockledge FL 32955**

TITLE ☒ DELETE

NAME **D KING, RICK**
STREET ADDRESS **851 TIFFANY PL**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **VP Stewart, Gracie**
4.3 STREET ADDRESS **820 Topaz Drive**
4.4 CITY-ST-ZIP **Rockledge FL 32955**

TITLE ☒ DELETE

NAME **D HEMMA, HELEN**
STREET ADDRESS **850 TIFFANY RD.**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **B Lee, Scott**
5.3 STREET ADDRESS **913 Beryl Drive**
5.4 CITY-ST-ZIP **Rockledge FL 32955**

TITLE ☐ DELETE

NAME **D THIMLAR, BRENDA**
STREET ADDRESS **916 BERYE DR.**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **→ S Thimlar, Brenda**
6.3 STREET ADDRESS **916 Beryl Drive**
6.4 CITY-ST-ZIP **Rockledge FL 32955**

14. I do 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 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 REQUIRED

Valerie Smith, 8/1/97

(487)

CR2E037 (4/97)