

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 11, 2001 8:00 am**
Secretary of State

03-26-2001 90140 021 ****61.25

DOCUMENT # N44644

1. Entity Name

EMERALD HILLS HOMEOWNERS ASSOCIATION OF BREVARD

Principal Place of Business

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0324648**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAR-NAVON, BOAZ
1356 RICHWOOD CIRCLE
ROCKLEDGE FL 32955

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	☒ Delete
NAME	LEE, JANICE	
STREET ADDRESS	913 BERYL DR	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VP	☒ Delete
NAME	KING, RICHARD	
STREET ADDRESS	851 TIFFANY PL	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	I	☒ Delete
NAME	ALFIERI, MAXINE	
STREET ADDRESS	840 TIFFANY PL	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	S	☒ Delete
NAME	HEMMA, HELEN	
STREET ADDRESS	850 TIFFANY PL	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	☒ Delete
NAME	LYONE, WARD	
STREET ADDRESS	TIFFANY PL	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	☒ Delete
NAME	MYERS, THOMAS	
STREET ADDRESS	874 BROOKVIEW LN	
CITY-ST-ZIP	ROCKLEDGE FL 32955	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☒ Change ☐ Addition
NAME	Shipley, Jennifer	
STREET ADDRESS	853 TIFFANY PL	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	S	☒ Change ☐ Addition
NAME	Bosinger, Sandy	
STREET ADDRESS	814 TOPAZ DR	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	R	☒ Change ☐ Addition
NAME	Lawson, Ronnie	
STREET ADDRESS	911 Beryl Drive	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE		☒ Change ☐ Addition
NAME	Flickinger, Cindy	
STREET ADDRESS	905 Beryl Dr.	
CITY-ST-ZIP	Rockledge, FL 32955	
TITLE		☒ Change ☐ Addition
NAME	Little, Ron	
STREET ADDRESS	878 Brookview Ln.	
CITY-ST-ZIP	Rockledge FL 32955	
TITLE		☒ Change ☐ Addition
NAME	Anton, Richard	
STREET ADDRESS	821 Emerald Way	
CITY-ST-ZIP	Rockledge FL 32955	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-01 3216316394

Date

Daytime Phone

CR2E037 (10/00)