

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 # N95000003272 (0)
1. Corporation Name

EMERALD POINTE HOMEOWNERS ASSOCIATION OF BREVARD, INC.



Principal Place of Business: 2 SUNTREE PLACE MELBOURNE FL 32940
Mailing Address: 2 SUNTREE PLACE MELBOURNE FL 32940

3. Date Incorporated or Qualified: 07/10/1995
3a. Date of Last Report: n/a

2. Principal Place of Business (21) 2a. Mailing Address (26)

4. FEI Number: 59-3323209
Applied For: Not Applicable

Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)

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

City & State (23) City & State (28)

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip (24) Country (25) Zip (29) Country (30)

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

FALLACE, JAMES H
1900 SO. HICKORY STREET
MELBOURNE FL 32901

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 (Type above, 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	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	President / D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John D. Haley
1.3 STREET ADDRESS	2 Suntree Place
1.4 CITY - ST - ZIP	Melbourne, FL 32940
2.1 TITLE	Vice President / D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Myra K. Haley
2.3 STREET ADDRESS	2 Suntree Place
2.4 CITY - ST - ZIP	Melbourne, FL 32940
3.1 TITLE	Secretary, Treasurer / D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kellie Shepard
3.3 STREET ADDRESS	2 Suntree Place
3.4 CITY - ST - ZIP	Melbourne, FL 32940
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	800001748408 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-03/19/96--01023--007
6.3 STREET ADDRESS	***\$61.25
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: Kellie Shepard 02/27/96 407 242-6210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)