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Jun 01 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N95000003272 (0)**

1. Corporation Name

EMERALD POINTE HOMEOWNERS ASSOCIATION OF BREVARD, INC.

Principal Place of Business

**503 5TH AVE.
INDIALANTIC FL 32903
US**

Mailing Address

**EMERALD POINTE HOMEOWNERS ASSOCIATION OF BREVARD, INC.
6939 N. WICKHAM RD.
MELBOURNE FL 32940
US**



2. Principal Place of Business

**21 6939 N. Wickham Road
Suite, Apt. #, etc.**

22 City & State

23 Melbourne, FL

24 32940

25 USA

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28

29

30

3. Date Incorporated or Qualified

07/10/1995

4. FEI Number

59-3323209

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Francis Stewart

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

6939 N. Wickham Road

83

84 City

Melbourne

FL

85 Zip Code

32940

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

TITLE **PD** ☒ DELETE
NAME **HALEY, JOHN D**
STREET ADDRESS **2 SUNTREE PL**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **VPD** ☒ DELETE
NAME **HALEY, MYRA K**
STREET ADDRESS **2 SUNTREE PL**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **STD** ☒ DELETE
NAME **SHEPARD, KELLIE K**
STREET ADDRESS **2 SUNTREE PL**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **GALLAGHER, FREDERICK A.**
1.3 STREET ADDRESS **7648 CANDLEWICK DR.**
1.4 CITY-ST-ZIP **MELBOURNE, FL 32940**

2.1 TITLE **TD** ☐ Change ☒ Addition
2.2 NAME **PARDON, JOAN L.**
2.3 STREET ADDRESS **7660 CANDLEWICK DR.**
2.4 CITY-ST-ZIP **MELBOURNE, FL 32940**

3.1 TITLE **TRIGG, JASPER VPD** ☐ Change ☒ Addition
3.2 NAME **7692 CANDLEWICK DR**
3.3 STREET ADDRESS **MELBOURNE, FL 32940**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

JOAN L. PARDON

4/1/98

CP2E037 (10/97)