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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003272

1. Corporation Name

EMERALD POINTE HOMEOWNERS ASSOCIATION OF BREVARD, INC.

Principal Place of Business

6939 N WICKHAM RD
MELBOURNE FL 32940
US

Mailing Address

C/O THE SHRIEVES INC
6939 N WICKHAM RD
MELBOURNE FL 32940
US



2. Principal Place of Business

21 **1513 N. HARBOR CITY BLVD**

Suite, Apt. #, etc.

22

City & State

23 **MELBOURNE, FLORIDA**

Zip

24 **32935**

Country

25 **USA**

2a. Mailing Address

26 **1513 N. HARBOR CITY BLVD**

Suite, Apt. #, etc.

27

City & State

28 **MELBOURNE, FLORIDA**

Zip

29 **32935**

Country

30 **U.S.A.**

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

9. Name and Address of Current Registered Agent

**STEWART, FRANCIS
6939 N WICKHAM RD
MELBOURNE FL 32940**

10. Name and Address of New Registered Agent

81 Name
PATRICIA Malleo

82 Street Address (P.O. Box Number is Not Acceptable)
1513 N. HARBOR CITY BLVD.

83 **MELBOURNE**

84 City

FL

85 Zip Code
32935

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

PATRICIA Malleo - Patricia Malleo President 2-26-99

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 ☐ DELETE
NAME **PD GALLAGHER, FREDERICK A**
STREET ADDRESS **7648 CANDLEWICK DR**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☐ DELETE
NAME **TD PARDO, JOAN L**
STREET ADDRESS **7660 CANDLEWICK DR**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☒ DELETE
NAME **VPD TRIGG, JASPER**
STREET ADDRESS **7692 CANDLEWICK DR**
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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **VPD BROWNING, M.L.**
3.3 STREET ADDRESS **7640 CANDLEWICK DR**
3.4 CITY-ST-ZIP **MELBOURNE, FL. 32940**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **SECRETARY**
4.3 STREET ADDRESS **VOELKER, K.**
4.4 CITY-ST-ZIP **7644 CANDLEWICK DR.**
MELBOURNE, FL. 32940

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **DIRECTOR**
5.3 STREET ADDRESS **MATTIACE, N.**
5.4 CITY-ST-ZIP **7680 CANDLEWICK DR.**
MELBOURNE, FL. 32940

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, with all other like empowered.

SIGNATURE: **FREDERICK GALLAGHER** **FREDERICK A Gallagher** **2/23/99** **407 757 9235**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)