

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90041 019 \*\*\*\*61.25

**DOCUMENT #** N95000003272

1. Entity Name **Emerald Pointe Homeowners Association of Brevard, Inc.**

Principal Place of Business  
**760 North Drive**  
**Suite D.**  
**Melbourne, Fl.**  
**32934 US**

Mailing Address  
**Platinum Coast Mgmt.**  
**760 North Dr. Suite D**  
**Melbourne, Fl. 32934**  
**US**

**C0045932**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3323209**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**Patricia Malleo**  
**760 North Drive, Suite D**  
**Melbourne, Fl. 32934**  
**US**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	Browning, M. L.	
STREET ADDRESS	7640 Candlewick Dr.	
CITY-ST-ZIP	Melbourne, Fl. 32940	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	Myers, Marge	
STREET ADDRESS	7720 Candlewick Dr.	
CITY-ST-ZIP	Melbourne, Fl. 32940	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Brewer, Janet	
STREET ADDRESS	7612 Candlewick Dr.	
CITY-ST-ZIP	Melbourne, Fl. 32940	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Voelker, Kathy	
STREET ADDRESS	7644 Candlewick Dr.	
CITY-ST-ZIP	Melbourne, Fl. 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	Brown, Ed.	
STREET ADDRESS	7657 Candlewick Dr.	
CITY-ST-ZIP	Melbourne, Fl. 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Mary L. Browning* **Mary L. Browning** *Mar. 23-00* **321-242-2165**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)