

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 # **N95000004348 (7)**
1. Corporation Name

EMERALD FOREST ORANGE COUNTY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 3504 LAKE LYNDA DR., STE. 170 ORLANDO FL 32817
Mailing Address: 3504 LAKE LYNDA DR., STE. 170 ORLANDO FL 32817

3. Date Incorporated or Qualified: **09/08/1995**
3a. Date of Last Report

2. Principal Place of Business: 21 2180 WEST SR 434
2a. Mailing Address: 26 2180 WEST SR 434

4. FEI Number: 59-3341611
Applied For: Not Applicable

Suite, Apt. #, etc.: 22 5000
27 5000

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

City & State: 23 LONGWOOD FL
28 LONGWOOD FL

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

Zip: 24 32779
Country: 25 USA
Zip: 29 32779
Country: 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
CARMICHAEL, WILLIAM T
3504 LAKE LYNDA DR., STE. 170
ORLANDO FL 32817

10. Name and Address of New Registered Agent
81 Name: JAMES W HART JR
82 Street Address (P.O. Box Number is Not Acceptable): SENTRY MANAGEMENT INC
83 2180 WEST SR 434 SUITE 5000
84 City: LONGWOOD FL 85 Zip Code: 32779

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]* DATE: 2/26/96
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARMICHAEL, WILLIAM T	
STREET ADDRESS	3504 LAKE LYNDA DR., STE. 170	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BURLESON, ASHLEY	
STREET ADDRESS	3504 LAKE LYNDA DR., STE. 170	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HERNDON, JEANNINE J	
STREET ADDRESS	3504 LAKE LYNDA DR., STE. 170	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *[Signature]* DATE: Daytime Phone #

CR2E037 (12/95)