

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005
Secretary of State

DOCUMENT# N95000004348

Entity Name: EMERALD FOREST ORANGE COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

225 S. WESTMONTE DRIVE STE 2050
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

225 S. WESTMONTE DRIVE STE 3310
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

P.O. BOX 162147
ALTAMONTE SPRINGS, FL 327162147 US

New Mailing Address:

FEI Number: 59-3341611 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOMACK, ELLEN R
225 S. WESTMONTE DRIVE STE 2050
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

WOMACK, ELLEN R
225 S. WESTMONTE DRIVE STE 3310
ALTAMONTE SPRINGS, FL 32714 US

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: _____ 03/17/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROGERS, KEVIN
Address: 10113 CANOPY TREE CT
City-St-Zip: ORLANDO, FL 32836

Title: DT () Delete
Name: DERIDDER, SHARON
Address: 8418 WILLOW TREE COURT
City-St-Zip: ORLANDO, FL 32836

Title: DS () Delete
Name: HUBER, DAVE
Address: 8606 DOVER OAKS CT
City-St-Zip: ORLANDO, FL 32836

Title: D () Delete
Name: BATTLA, NADEEM
Address: 10027 CANOPY TREE CT
City-St-Zip: ORLANDO, FL 32836

Title: DVP () Delete
Name: SMITH, BUDDIE
Address: 10106 CANOPY TREE COURT
City-St-Zip: ORLANDO, FL 32836

Title: D () Delete
Name: LANMAN, KRIS
Address: 8639 FOREST RUN LANE
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: HUBER, DAVE
Address: 8606 DOVER OAKS CT
City-St-Zip: ORLANDO, FL 32836

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN WOMACK A 03/17/2005
Electronic Signature of Signing Officer or Director Date