


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90131 024 \*\*\*\*61.25

<b>DOCUMENT # N95000004348</b>					
1. Entity Name EMERALD FOREST ORANGE COUNTY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business		Mailing Address			
5401 S. Kirkman Rd., Ste. 450 Orlando, FL 32819		5401 S. Kirkman Rd., Ste. 450 Orlando, FL 32819			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3341611	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WOMACK, ELLEN R 225 S. WESTMONTE DRIVE STE 3310 ALTAMONTE SPRINGS, FL 32714			Na Str Community Management Professionals, Inc 5401 S. Kirkman Rd., Ste. 450 Orlando, FL, 32819 City 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Ellen R. Womack</i>			DATE <i>1-30-07</i>		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROGERS, KEVIN		NAME		
STREET ADDRESS	10113 CANOPY TREE CT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32836		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PASQUINELLI, MIA		NAME		
STREET ADDRESS	8614 TARA OAKS COURT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32836		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HUBER, DAVE		NAME	Carolyn Morgan	
STREET ADDRESS	8606 DOVER OAKS CT		STREET ADDRESS	8606 Terrance Pines Ct	
CITY-ST-ZIP	ORLANDO, FL 32836		CITY-ST-ZIP	Orlando, FL 32836	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOSCH, RANDY		NAME		
STREET ADDRESS	10250 EMERALD FOREST AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32836		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIMMERLE, BARBARA		NAME		
STREET ADDRESS	10434 AUTUMN GLEN COURT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32836		CITY-ST-ZIP		
TITLE	Sec 1	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DERIDDER, SHARON		NAME		
STREET ADDRESS	8418 WILLOW TREE COURT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32836		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Sharon Deridder</i>			DATE: <i>2/08/07</i> DAYTIME PHONE: <i>407-618-7111</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					