


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90107 025 \*\*\*\*61.25

**DOCUMENT # N95000004348**

1. Entity Name  
**EMERALD FOREST ORANGE COUNTY HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**225 S. WESTMONTE DRIVE STE 2050  
ALTAMONTE SPRINGS FL 32714  
US**

Mailing Address  
**225 S. WESTMONTE DRIVE STE 2050  
ALTAMONTE SPRINGS FL 32714  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



CHECK HERE IF MAKING CHANGES

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

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

6. Name and Address of Current Registered Agent  
**WOMACK, ELLEN R  
225 S. WESTMONTE DRIVE STE 2050  
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV QUAMMEN, CHIP</b> <input checked="" type="checkbox"/> Delete <b>10446 AUTUMN GLEN CT ORLANDO FL 32836</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP Kevin Rogers</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>10113 Canopy Tree Ct. Orlando, FL 32836</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT DERIDDER, SHARON</b> <input type="checkbox"/> Delete <b>8418 WILLOW TREE COURT ORLANDO FL 32836</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS HUBER, DAVE</b> <input type="checkbox"/> Delete <b>8606 DOVER OAKS CT ORLANDO FL 32836</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WELBERGEN, HANS</b> <input checked="" type="checkbox"/> Delete <b>8407 WILLOW TREE COURT ORLANDO FL 32836</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BATTLA, NADEEM</b> <input type="checkbox"/> Delete <b>10027 CANOPY TREE CT ORLANDO FL 32836</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SMITH, BUDDIE</b> <input type="checkbox"/> Delete <b>10106 CANOPY TREE COURT ORLANDO FL 32836</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DUP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kevin Rogers* **SIGNATURE REQUIRED** **3/25/03** **407-352-4471**

CR2E037 (10/02)