2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002909

FILED Mar 09, 2006 Secretary of State

Entity Name: EMERALD COVE HOMEOWNERS ASSOCIATION OF APOPKA, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 32779 **New Mailing Address: Current Mailing Address:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US FEI Number: 57-1169550 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JR, JAMES W SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition AVERY, DELL DOYLE, MATTHEW Name: Name: 2281 LEE ROAD STE 204 Address: 2214 KINGSCREST CIR Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: APOPKA, FL 32712 (X) Change () Addition Title: Title: () Delete PIETKIWEICZ, STANLEY T Name: ARNOLD, BRAD Name: Address: 2281 LEE ROAD STE 204 Address: 2098 KINGSCREST BLVD City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: APOPKA, FL 32712 Title: () Delete Title: SD (X) Change () Addition FULMER, KENNETH TOXEY, MITZI Name: Name: 2281 LEE ROAD STE 204 2271 WINDSOR CREST LOOP Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: APOPKA, FL 32712 Title: () Delete Title: TD () Change (X) Addition Name: Name: BUGGS, TROD Address: Address: 1869 EMERALD COVE BLVD City-St-Zip: City-St-Zip: APOPKA, FL 32712 Title: () Delete Title: () Change (X) Addition SHUBA, KEN Name: Name: 2247 WINDSOR CREST LOOP Address: Address: APOPKA, FL 32712 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition VILA. GEORGE Name: Name: 1875 EMERALD COVE BLVD Address: Address: APOPKA, FL 32712 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MATTHEW DOYLE PD 03/09/2006