

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90457 008 ****61.25

DOCUMENT # N03000002909

1. Entity Name
**EMERALD COVE HOMEOWNERS ASSOCIATION OF
APOPKA, INC.**



Principal Place of Business
**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US**

Mailing Address
**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US**

40091469



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03272007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
57-1169550

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, JR, JAMES W
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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 PD ☐ Delete
NAME DOYLE, MATTHEW
STREET ADDRESS 2214 KINGS CREST CIR
CITY-ST-ZIP APOPKA, FL 32712

TITLE D ☐ Change ☒ Addition
NAME AUSTIN, GRADY
STREET ADDRESS 1866 DURBAN WAY
CITY-ST-ZIP APOPKA FL 32712

TITLE VPD ☐ Delete
NAME ARNOLD, BRAD
STREET ADDRESS 2098 KINGS CREST BLVD
CITY-ST-ZIP APOPKA, FL 32712

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME TOXEY, MITZI
STREET ADDRESS 2271 WINDSOR CREST LOOP
CITY-ST-ZIP APOPKA, FL 32712

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME BUGGS, TROD
STREET ADDRESS 1869 EMERALD COVE BLVD
CITY-ST-ZIP APOPKA, FL 32712

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SHUBA, KEN
STREET ADDRESS 2247 WINDSOR CREST LOOP
CITY-ST-ZIP APOPKA, FL 32712

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME VILA, GEORGE
STREET ADDRESS 1875 EMERALD COVE BLVD
CITY-ST-ZIP APOPKA, FL 32712

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/07