## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000006321

FILED Jan 08, 2008 Secretary of State

Entity Name: EMERSON PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2301 LUCIEN WAY SUITE 400 MAITLAND, FL 32751

Current Mailing Address: New Mailing Address:

2301 LUCIEN WAY SUITE 400 MAITLAND, FL 32751

FEI Number: 56-2623469 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:

KNIGHT, PATRICK
2301 LUCIEN WAY SUITE 400
MAITLAND, FL 32751 US
LUNDEQUAM, BRETT
2301 LUCIEN WAY SUITE 400
MAITLAND, FL 32751 US
MAITLAND, FL 32751 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: BRETT LUNDEQUAM 01/08/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP () Delete
 Title:
 DVP (X) Change () Addition

 Name:
 BONTRAGER, THOMAS K
 Name:
 BONTRAGER, THOMAS

 Address:
 2301 LUCIEN WAY SUITE 400
 Address:
 2301 LUCIEN WAY SUITE 400

 City-St-Zip:
 MAITLAND, FL 32751
 City-St-Zip:
 MAITLAND, FL 32751

Title: DV ( ) Delete Title: DP (X) Change ( ) Addition Name: SHEELER, LAWRENCE M Name: SHEELER, LAWRENCE M

Address: 2301 LUCIEN WAY SUITE 400 Address: 2301 LUCIEN WAY SUITE 400
City-St-Zip: MAITLAND, FL 32751 City-St-Zip: MAITLAND, FL 32751

Title: DST () Delete Title: () Change () Addition

 Name:
 CHOMA, DEBRA
 Name:

 Address:
 2301 LUCIEN WAY SUITE 400
 Address:

 City-St-Zip:
 MAITLAND, FL 32751
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS BONTRAGER DVP 01/08/2008