

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768921

Entity Name: EMERALD LAKES TOWNHOMES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5842 SE WINDSONG LANE
STUART, FL 34997**Current Mailing Address:**5842 SE WINDSONG LANE
STUART, FL 34997**FEI Number: 59-2303888****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ROSS, DEBORAH ESQ.
789 SW FEDERAL HWY.
SUITE 101
STUART, FL 34994 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**Officer/Director Detail :**

Title	D
Name	COUGHLAN, FRANK
Address	5869 SE WINDSONG LANE
City-State-Zip:	STUART FL 34997

Title	PD
Name	NEWLON, RALPH
Address	5949 SE WINDSONG LANE
City-State-Zip:	STUART FL 34997

Title	TD
Name	ROBINSON, KEVIN
Address	5728 SE WINDSONG LANE
City-State-Zip:	STUART FL 34997

Title	VPD
Name	BYRUM, ANN
Address	5957 SE WINDSONG LANE
City-State-Zip:	STUART FL 34997

Title	D
Name	MCPHILLIPS, NORMAN
Address	5961 SE WINDSONG LANE
City-State-Zip:	STUART FL 34997

Title	D
Name	BUTLER, ROBERT
Address	5873 SE WINDSONG LANE
City-State-Zip:	STUART FL 34997

Title	SD
Name	STABILE, ANN MARIE
Address	6524 SE WINDSONG LANE
City-State-Zip:	STUART FL 34997

I hereby 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 all other like empowered.

SIGNATURE: RALPH NEWLON**PRESIDENT****03/13/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date