

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007307

**Entity Name:** EMERALD ISLAND RESORT MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

2751 EMERALD ISLAND BLVD  
KISSIMMEE, FL 34747

**Current Mailing Address:**

2751 EMERALD ISLAND BLVD  
KISSIMMEE, FL 34747

**FEI Number: 01-0595456**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

EXTREME MANAGEMENT TEAM, INC  
112 POLO PARK EAST BLVD  
DAVENPORT, FL 33897 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 P  
Name COWLEY, ANDY  
Address 2751 EMERALD ISLAND BLVD  
City-State-Zip: KISSIMMEE FL 34747

Title VP  
Name WHITE, DEBORAH S  
Address 2751 EMERALD ISLAND BLVD  
City-State-Zip: KISSIMMEE FL 34747

Title T  
Name MOORE, GAVIN  
Address 2751 EMERALD ISLAND BLVD  
City-State-Zip: KISSIMMEE FL 34747

Title D  
Name O'HANLEY, MIKE  
Address 2751 EMERALD ISLAND BLVD  
City-State-Zip: KISSIMMEE FL 34747

Title D  
Name FORD, STEVE  
Address 2751 EMERALD ISLAND BLVD  
City-State-Zip: KISSIMMEE FL 34747

Title D  
Name WARNER, DAN  
Address 2751 EMERALD ISLAND BLVD  
City-State-Zip: KISSIMMEE FL 34747

Title DIRECTOR  
Name WATTS, KATHY  
Address 2751 EMERALD ISLAND BLVD  
City-State-Zip: KISSIMMEE FL 34747

*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: STEVE FORD**

**DIRECTOR**

**03/05/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date