## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007309

Entity Name: EMERALD ISLAND RESORT VILLAS HOMEOWNERS'

ASSOCIATION, INC.

**Current Principal Place of Business:** 

2751 EMERALD ISLAND BLVD KISSIMMEE, FL 34747

**Current Mailing Address:** 

2113 RUBY RED BLVD, STE B CLERMONT, FL 34714 US

FEI Number: 01-0595424 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EXTREME MANAGEMENT TEAM, LLC 2113 RUBY RED BLVD, STE B CLERMONT, FL 34714 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: TAMMY HARDT 02/01/2016

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title **PRESIDENT** Title D

Name LOCKWOOD, TOM Name O'HANDLEY, MICHAEL

Address 2113 RUBY RED BLVD, STE B Address 2113 RUBY RED BLVD, STE B

City-State-Zip: CLERMONT FL 34714 City-State-Zip: CLERMONT FL 34714

Title **DIRECTOR** Title D

Name O'HANLEY, TERRY Name PUMA, JULIAN

Address 2113 RUBY RED BLVD, STE B Address 2113 RUBY RED BLVD, STE B

City-State-Zip: CLERMONT FL 34714 City-State-Zip: CLERMONT FL 34714

Title **DIRECTOR** Title **OTHER** 

Name RAMOUTAR, RANDY Name FORD, STEVE

Address 2113 RUBY RED BLVD, STE B 2113 RUBY RED BLVD, STE B Address

City-State-Zip: CLERMONT FL 34714 City-State-Zip: CLERMONT FL 34714

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: TOM LOCKWOOD

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

02/01/2016

**FILED** Feb 01, 2016

**Secretary of State** 

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