

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000007876

**Entity Name:** EMERSON PLAZA ONE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

401 CENTERPOINTE DRIVE, SUITE 1565  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

PO BOX 160128  
ALTAMONTE SPRINGS, FL 32716

**FEI Number: 32-0123374**

**Certificate of Status Desired: No**

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

LUMPKIN, ELLEN  
461 A1A BEACH BLVD  
ST AUGUSTINE, FL 32080 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 SECRETARY, TREASURER  
Name FABIAN, GREG  
Address C/O SOVEREIGN & JACOBS  
461 A1A BEACH BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32080

Title PRESIDENT  
Name MILLS, ROSEMARY  
Address C/O SOVEREIGN & JACOBS  
461 A1A BEACH BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32080

Title VP  
Name RIPPARD, GUYLA  
Address C/O SOVEREIGN & JACOBS  
461 A1A BEACH BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32080

*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: ROSEMARY MILLS**

**PRESIDENT**

**01/21/2016**

Electronic Signature of Signing Officer/Director Detail

Date