

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000010846

**FILED**  
**Jan 07, 2023**  
**Secretary of State**  
**5588338667CC**

**Entity Name:** VILLAS AT EMERALD LAKE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O TPS ASSOCIATION MANAGEMENT SERVICES, LLC  
4327 S HWY 27 #415  
CLERMONT, FL 34711

**Current Mailing Address:**

C/O TPS ASSOCIATION MANAGEMENT SERVICES, LLC  
4327 S HWY 27 #415  
CLERMONT, FL 34711 US

**FEI Number: 20-8797404**

**Certificate of Status Desired: No**

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

TPS ASSOCIATION MANAGEMENT SERVICES, LLC  
C/O TPS ASSOCIATION MANAGEMENT SERVICES, LLC  
4327 S HWY 27 #415  
CLERMONT, FL 34711 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:** TPS ASSOCIATION MANAGEMENT SERVICES

01/07/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT

Name TORRES, SONIA D

Address C/O TPS ASSOCIATION  
MANAGEMENT SERVICES  
4327 S HWY 27 #415

City-State-Zip: CLERMONT FL 34711

Title SECRETARY, TREASURER

Name VAZQUEZ, FABIAN

Address C/O TPS ASSOCIATION  
MANAGEMENT SERVICES, LLC  
4327 S HWY 27 #415

City-State-Zip: CLERMONT FL 34711

*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:** SONIA TORRES

**PRESIDENT**

01/07/2023

Electronic Signature of Signing Officer/Director Detail

Date