

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004348

FILED
Apr 11, 2016
Secretary of State
CC7217308321

Entity Name: EMERALD FOREST ORANGE COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5401 KIRKMAN
STE 310
ORLANDO, FL 32819

Current Mailing Address:

% REALMANAGE
P.O. BOX 803555
DALLAS, TX 75380 US

FEI Number: 59-3341611

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 BOBB, ALEXIS K
Address 5401 KIRKMAN
STE 310
City-State-Zip: ORLANDO FL 32819

Title VP
Name CONSIDINE, JOHN P
Address 5401 KIRKMAN
STE 310
City-State-Zip: ORLANDO FL 32819

Title T
Name MIREK, DEBRA LYNN
Address 5401 KIRKMAN
STE 310
City-State-Zip: ORLANDO FL 32819

Title SECRETARY
Name DORSO, JOSEPH V
Address 5401 KIRKMAN
STE 310
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR
Name SANCHEZ, JOSE
Address 5401 KIRKMAN RD
STE 310
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR
Name WAGENKNECHT, VANESSA
Address 5401 KIRKWOOD RD
STE 310
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR
Name BARRETT, MICHAEL
Address 5401 KIRKMAN RD
STE 310
City-State-Zip: ORLANDO FL 32819

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: ALEXIS K BOBB

PRESIDENT

04/11/2016

Electronic Signature of Signing Officer/Director Detail

Date