

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004348

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

FILED
Feb 01, 2024
Secretary of State
7537326618CC

Current Principal Place of Business:

4327 S. HWY 27 #415
CLERMONT, FL 34711

Current Mailing Address:

4327 S. HWY 27 #415
CLERMONT, FL 34711 US

FEI Number: 59-3341611

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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, LLC

02/01/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BOBB, ALEXIS K
Address C/O TPS ASSOCIATION
 MANAGEMENT SERVICES
 4327 S HWY 27 #415
City-State-Zip: CLERMONT FL 34711

Title TREASURER
Name MIREK, DEBRA L
Address C/O TPS ASSOCIATION
 MANAGEMENT SERVICES, L
 4327 S. HWY 27 #415
City-State-Zip: CLERMONT FL 34711

Title SECRETARY
Name BOWE, DOUGLAS B
Address C/O TPS ASSOCIATION
 MANAGEMENT SERVICES
 4327 S HWY 27 #415
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name COLLINS, JUDY K
Address C/O TPS ASSOCIATION
 MANAGEMENT SERVICES
 4327 S HWY 27 #415
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name BARRETT, MICHAEL D
Address C/O TPS ASSOCIATION
 MANAGEMENT SERVICES
 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: ALEXIS K BOBB

PRESIDENT

02/01/2024

Electronic Signature of Signing Officer/Director Detail

Date