

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000004348

**FILED**  
**Mar 15, 2021**  
**Secretary of State**  
**3324869141CC**

**Entity Name:** EMERALD FOREST ORANGE COUNTY HOMEOWNERS 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: 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**

**03/15/2021**

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  
                  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**

**03/15/2021**

Electronic Signature of Signing Officer/Director Detail

Date