FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739757 (3)

1. Corporation Name

EMERALD LAKES HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1401 W. HIGHWAY 50 P.O. BOX 138 CLERMONT FL 34711	1401 W. HIGHWAY 50 P.O. BOX 138 CLERMONT FL 34711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1977
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE — [ ] Applied For [ ] Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt #, etc (22)	Suite, Apt #, etc (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

MACGREGOR, MARGARET L.
1401 W. HWY 50, BOX 138
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	1.1 TITLE	PRESIDENT [X] Change [ ] Addition
NAME	MASON, CONNIE	1.2 NAME	MASON, JERRY
STREET ADDRESS	1401 W HWY. 50, BOX 181	1.3 STREET ADDRESS	1401 W. Hwy. 50, Box 181
CITY ST ZIP	CLERMONT, FL 00000	1.4 CITY ST ZIP	CLERMONT, FL 34711
TITLE	T	2.1 TITLE	[ ] Change [ ] Addition
NAME	MACGREGOR, MARGARET	2.2 NAME	
STREET ADDRESS	1401 W. HWY 50, BOX 138	2.3 STREET ADDRESS	
CITY ST ZIP	CLERMONT, FL 00000	2.4 CITY ST ZIP	
TITLE	S	3.1 TITLE	SECRETARY [X] Change [ ] Addition
NAME	MOJAVE, LEE	3.2 NAME	MACGREGOR, WALTER
STREET ADDRESS	1401 W HWY. 50, BOX 104	3.3 STREET ADDRESS	1401 W Hwy. 50, Box 138
CITY ST ZIP	CLERMONT, FL 00000	3.4 CITY ST ZIP	CLERMONT, FL 34711
TITLE	D	4.1 TITLE	[ ] Change [ ] Addition
NAME	HUSES, RONALD	4.2 NAME	
STREET ADDRESS	1401 W. HIGHWAY, 50 BOX	4.3 STREET ADDRESS	
CITY ST ZIP	CLERMONT FL	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	VICE-PRESIDENT [X] Change [ ] Addition
NAME	HURLBUT, DAVID	5.2 NAME	
STREET ADDRESS	1401 W. HIGHWAY, 50 BOX 10	5.3 STREET ADDRESS	SAME
CITY ST ZIP	CLEARMONT FL	5.4 CITY ST ZIP	
TITLE	D	6.1 TITLE	D [X] Change [ ] Addition
NAME	MCCALLA, FRANK	6.2 NAME	PETERS, BONNIE
STREET ADDRESS	1401 W. HWY 50, BOX 87	6.3 STREET ADDRESS	1401 W. Hwy. 50, #121
CITY ST ZIP	CLERMONT, FL 00000	6.4 CITY ST ZIP	CLERMONT, FL 34711

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret L. MacGregor — 4-27-95 — 904-394-6635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARGARET L. MAC GREGOR, TREAS.

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