

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **739757** (3)

1. Corporation Name

EMERALD LAKES HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

**1401 W. HIGHWAY 50
P.O. BOX 138
CLERMONT FL 34711**

Mailing Address

**1401 W. HIGHWAY 50
P.O. BOX 138
CLERMONT FL 34711**

3. Date Incorporated or Qualified
07/29/1977

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, 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** ☐ DELETE

NAME **MASON, JERRY**
STREET ADDRESS **1401 W HWY 50, BOX 181**
CITY-ST-ZIP **CLERMONT, FL 00000**

11 TITLE **Director** ☒ Change ☐ Addition

TITLE **T** ☐ DELETE

NAME **MACGREGOR, MARGARET**
STREET ADDRESS **1401 W. HWY 50, BOX 138**
CITY-ST-ZIP **CLERMONT, FL 00000**

21 TITLE ☐ Change ☐ Addition

TITLE **S** ☐ DELETE

NAME **MACGREGOR, WALTER**
STREET ADDRESS **1401 W HWY 50, BOX 138**
CITY-ST-ZIP **CLERMONT, FL 00000**

31 TITLE **President** ☒ Change ☐ Addition

TITLE **D** ☒ DELETE

NAME **HUSES, RONALD**
STREET ADDRESS **1401 W. HIGHWAY, 50 BOX**
CITY-ST-ZIP **CLERMONT FL**

41 TITLE ☐ Change ☒ Addition

TITLE **VP** ☐ DELETE

NAME **HURLBUT, DAVID**
STREET ADDRESS **1401 W. HIGHWAY, 50 BOX 10**
CITY-ST-ZIP **CLERMONT FL**

51 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **PETERS, BONNIE**
STREET ADDRESS **1401 W HWY 50, #121**
CITY-ST-ZIP **CLERMONT, FL 00000**

61 TITLE **Secretary** ☒ Change ☐ Addition

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-96

352-394-6635

Date

Daytime Phone #

CR2E037 (12/95)