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Apr 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 34711-2078**3. Date Incorporated or Qualified
07/29/19773a. Date of Last Report
02/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

Margaret L. MacGregor
Signature, typed or printed name of registered agent and file if applicable

NOTE: Registered Agent signature required when reinstating

DATE

3/11/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETENAME **MASON, JERRY**
STREET ADDRESS **1401 W HWY 50, BOX 181**
CITY - ST - ZIP **CLERMONT, FL 00000**1.1 TITLE **D** ☐ Change ☒ Addition1.2 NAME **ESTHER DAVIS**
1.3 STREET ADDRESS **1401 W. HWY. 50, #148**
1.4 CITY - ST - ZIP **CLERMONT, FL 34711**TITLE **T** ☐ DELETENAME **MACGREGOR, MARGARET**
STREET ADDRESS **1401 W. HWY 50, BOX 138**
CITY - ST - ZIP **CLERMONT, FL 00000**2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE **P** ☐ DELETENAME **MACGREGOR, WALTER**
STREET ADDRESS **1401 W HWY 50, BOX 138**
CITY - ST - ZIP **CLERMONT, FL 00000**3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE **D** ☐ DELETENAME **SINICROPI, MARK**
STREET ADDRESS **1401 W HWY 50, BOX 174**
CITY - ST - ZIP **CLERMONT FL**4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE **VP** ☐ DELETENAME **HURLBUT, DAVID**
STREET ADDRESS **1401 W. HIGHWAY, 50 BOX 10**
CITY - ST - ZIP **CLERMONT FL**5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE **S** ☐ DELETENAME **PETERS, BONNIE**
STREET ADDRESS **1401 W HWY 50, #121**
CITY - ST - ZIP **CLERMONT, FL 00000**6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 DIRECTORDATE **3/11/97**DAYTIME PHONE # **352-394-6635**
00005500

CR2E037 (9/96)