

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90021 039 ****61.25

DOCUMENT # 739757

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/29/1977

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

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 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Margaret L. MacGregor

5/24/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
DAVIS, ESTHER
STREET ADDRESS 1401 W HWY 50, #148
CITY-ST-ZIP CLERMONT, FL 00000

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME D
SINICROPI, MARK
STREET ADDRESS 1401 W HWY 50, BOX 174
CITY-ST-ZIP CLERMONT FL

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME D
Donald Hardy
12 NAME
13 STREET ADDRESS 1401 W. Highway 50, #124
14 CITY-ST-ZIP Clermont, FL 34711

2.1 TITLE ☐ Change ☒ Addition

NAME D
Donald Mojave
22 NAME
23 STREET ADDRESS 1401 W. Highway 50, #163
2.4 CITY-ST-ZIP Clermont, FL 34711

3.1 TITLE ☐ Change ☒ Addition

NAME P
William Miller
32 NAME
33 STREET ADDRESS 1401 W. Highway 50, #213
34 CITY-ST-ZIP Clermont, FL 34711

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

5/24/99

352-394-6635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)