

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739757

1. Entity 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 34711-2076

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 Margaret L. MacGregor

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/6/00

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete  
NAME HARDY, DONALD  
STREET ADDRESS 1401 W HWY 50 #124  
CITY-ST-ZIP CLERMONT FL 34711

TITLE Vice President ☐ Change ☒ Addition  
NAME Paul Mathieu  
STREET ADDRESS 1401 W. Hwy. 50, #121  
CITY-ST-ZIP Clermont, FL 34711

TITLE T ☐ Delete  
NAME MACGREGOR, MARGARET  
STREET ADDRESS 1401 W HWY 50 #163  
CITY-ST-ZIP CLERMONT FL 34711

TITLE Secretary ☐ Change ☒ Addition  
NAME Honey Stamm  
STREET ADDRESS 1401 W. Hwy. 50, #161  
CITY-ST-ZIP Clermont, FL 34711

TITLE P ☐ Delete  
NAME MILLER, WILLIAM  
STREET ADDRESS 1401 W HWY 50 #163  
CITY-ST-ZIP CLERMONT FL 34711

TITLE Director ☐ Change ☒ Addition  
NAME Jack Coleman  
STREET ADDRESS 1401 W. Highway 50, #169  
CITY-ST-ZIP Clermont, FL 34711

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Margaret L. MacGregor  
MARGARET L. MACGREGOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-394-6635 3/6/00

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED  
Mar 08, 2000 8:00 am  
Secretary of State

03-08-2000 90070 039 \*\*\*\*61.25