

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90009 026 ****61.25

0081575

DOCUMENT # 739757

1. Entity Name

EMERALD LAKES HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

1401 W. HIGHWAY 50
P.O. BOX ~~37~~ 37
CLERMONT FL 34711

Mailing Address

1401 W. HIGHWAY 50
P.O. BOX ~~37~~ 37
CLERMONT FL 34711

2. Principal Place of Business

3. Mailing Address

1401 W. Hwy. 50, Box 37

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Clermont, FL

City & State

City & State

34711

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~~

Delete

Name Charlotte C. LANGREHR

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

1401 W. Hwy. 50, #37

Clermont, FL 34711

City

FL

Zip Code

34711

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 Charlotte C. Langrehr, Treasurer

March 2, 2001

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

(NOTE: Registered Agent signature required when reinstating)

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	V	<input checked="" type="checkbox"/> Delete
NAME	MATHIEU, PAUL	
STREET ADDRESS	1401 W HWY 50 #121	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MACGREGOR, MARGARET	
STREET ADDRESS	1401 W HWY 50 #163	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MILLER, WILLIAM	
STREET ADDRESS	1401 W HWY 50 #163	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SINICROPI, MARK	
STREET ADDRESS	1401 W HWY 50, BOX 174	
CITY-ST-ZIP	CLERMONT FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STAMM, HONEY	
STREET ADDRESS	1401 W HWY 50 #161	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLEMAN, JACK	
STREET ADDRESS	1401 W HWY 50 #169	
CITY-ST-ZIP	CLERMONT FL 34711	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deloris Thomas	
STREET ADDRESS	1401 W. Hwy. 50, # 45	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Colleen Rogers	
STREET ADDRESS	1401 W. Hwy. 50, #82	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Mugler	
STREET ADDRESS	1401 W. Hwy. 50, #10	
CITY-ST-ZIP	Clermont, FL	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charlotte C. Langrehr	
STREET ADDRESS	1401 W. Hwy. 50, #37	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Don Mohave	
STREET ADDRESS	1401 W. Hwy. 50, #163	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rat Spears	
STREET ADDRESS	1401 W. Hwy. 50, #129	
CITY-ST-ZIP	Clermont FL 34711	

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:

SIGNATURE OF Charlotte C. Langrehr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-02-01 (352)394-6566

Date

Daytime Phone #

CR2E037 (10/00)